



**2024**

# **Annual Notice of Changes (ANOC)**

**Summit Health Premier + Rx (HMO-POS)**

For Oregon counties: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler

H2765-004





## **Summit Health Premier + Rx (HMO-POS) offered by Summit Health Plan, Inc.**

# **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Summit Health Premier + Rx (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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.yoursummithealth.com](http://www.yoursummithealth.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 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* 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, 2023, you will stay in Summit Health Premier + Rx (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Summit Health Premier + Rx (HMO-POS).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Customer Service number at 844-827-2355 for additional information. (TTY users should call 711.) Hours are 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. This call is free.
- This information may be available in a different format, including large print. Please call Customer Service if you need plan information in another format or language.
- **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 Summit Health Premier + Rx (HMO-POS)**

- Summit Health Plan, Inc. is an HMO with a Medicare contract. Enrollment in Summit Health Plan, Inc. depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Summit Health Plan, Inc. When it says “plan” or “our plan,” it means Summit Health Premier + Rx (HMO-POS).

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## ***Annual Notice of Changes for 2024***

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Summit Health Premier + Rx (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$139	\$170
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$4,850 when using your in-network benefit.  \$7,990 when using a combination of in-network and your Point-of-Service (POS) benefit.	\$4,850 when using your in-network benefit.  \$7,990 when using a combination of in-network and your Point-of-Service (POS) benefit.
<b>Doctor office visits</b>	Primary care visits in-network: \$0 copay per visit  Primary care visits when using your POS benefit: 30% of the total allowed amount per visit  Specialist visits in-network: \$35 copay per visit  Specialist visits when using your POS benefit: 30% of the total allowed amount per visit	Primary care visits in-network: \$0 copay per visit  Primary care visits when using your POS benefit: 30% of the total allowed amount per visit  Specialist visits in-network: \$35 copay per visit  Specialist visits when using your POS benefit: 30% of the total allowed amount per visit

Cost	2023 (this year)	2024 (next year)
<b>Inpatient hospital stays</b>	Hospital stays in-network: \$325 copay per day for days 1-5; \$0 copay per day for days 6 & beyond  Hospital stays when using your POS benefit: 30% of the total allowed amount	Hospital stays in-network: \$325 copay per day for days 1-5; \$0 copay per day for days 6 & beyond  Hospital stays when using your POS benefit: 30% of the total allowed amount

Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage</b></p> <p>The Deductible is annual.</p> <p>Drug Tiers at per month cost. (See Section 1.5 for details.)</p>	<p>Deductible: \$135 except for covered insulin products and most adult Part D vaccines. (for Tier 3, Tier 4, Tier 5, and Tier 6)</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: <i>Standard cost sharing:</i> You pay a \$4 copay per prescription.</li> <li>• Drug Tier 2: <i>Standard cost sharing:</i> You pay a \$10 copay per prescription.</li> </ul>	<p>Deductible: \$100 except for covered insulin products and most adult Part D vaccines. (for Tier 3, Tier 4, Tier 5, and Tier 6)</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: You pay a \$0 copay per prescription at a <i>preferred network or mail order pharmacy</i> or \$7 copay per prescription at a <i>standard retail (in-network) pharmacy.</i></li> <li>• Drug Tier 2: You pay a \$7 copay per prescription at a <i>preferred network or mail order pharmacy</i> or \$14 copay per prescription at a <i>standard retail (in-network) pharmacy.</i></li> </ul>



Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<ul style="list-style-type: none"> <li data-bbox="706 310 1031 682"> <p>• Drug Tier 3: <i>Standard cost sharing:</i> You pay a \$45 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> </li> <li data-bbox="706 924 1031 1312"> <p>• Drug Tier 4: <i>Standard cost sharing:</i> You pay a \$100 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> </li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1071 310 1396 871"> <p>• Drug Tier 3: You pay a \$40 copay per prescription at a <i>preferred network or mail order pharmacy</i> or \$47 copay per prescription at a <i>standard retail (in-network) pharmacy</i>. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> </li> <li data-bbox="1071 924 1396 1480"> <p>• Drug Tier 4: You pay a \$93 copay per prescription at a <i>preferred network or mail order pharmacy</i> or \$100 copay per prescription at a <i>standard retail (in-network) pharmacy</i>. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> </li> </ul>

Cost	2023 (this year)	2024 (next year)
<b>Part D prescription drug coverage (continued)</b>	<ul style="list-style-type: none"> <li data-bbox="703 310 1029 527">• Drug Tier 5: <i>Standard cost sharing:</i> You pay a 25% of the total cost per prescription.</li> <li data-bbox="703 772 1029 989">• Drug Tier 6: <i>Standard cost sharing:</i> You pay a 30% of the total cost per prescription.</li> <li data-bbox="703 1234 1029 1409">• Drug Tier 7: <i>Standard cost sharing:</i> You pay a \$0 copay per prescription.</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1068 310 1395 716">• Drug Tier 5: You pay a 26% of the total cost per prescription at a <i>preferred network or mail order pharmacy</i> or 26% of the total cost per prescription at a <i>standard retail (in-network) pharmacy</i>.</li> <li data-bbox="1068 772 1395 1178">• Drug Tier 6: You pay a 31% of the total cost per prescription at a <i>preferred network or mail order pharmacy</i> or 31% of the total cost per prescription at a <i>standard retail (in-network) pharmacy</i>.</li> <li data-bbox="1068 1234 1395 1556">• Drug Tier 7: You pay a \$0 copay per prescription at a <i>preferred network or mail order pharmacy</i> or \$0 copay per prescription at a <i>standard retail (in-network) pharmacy</i>.</li> </ul>

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

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$139	\$170

- 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 5 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	2023 (this year)	2024 (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.	\$4,850 when using your in-network benefit  \$7,990 when using your Point-of-Service (POS) benefit	For covered Part A and Part B services: \$4,850 when using your in-network benefit  \$7,990 when using your Point-of-Service (POS), also known as out-of-network benefit \$7,990 when using both in-network and out-of-network benefits combined.

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

Updated directories are located on our website at [www.yoursummithealth.com/findcare](http://www.yoursummithealth.com/findcare). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

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

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer 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	2023 (this year)	2024 (next year)
<b>Dental Services Annual Allowance (supplemental)</b>	<p><b><u>In and Out-of-Network</u></b> You have up to \$1,000 annual allowance for all dental services: routine, comprehensive, in-network and out-of-network all combined.</p>	<p><b><u>In and Out-of-Network</u></b> You have up to \$1,500 annual allowance for all dental services: routine, comprehensive, in-network and out-of-network all combined.</p>
<b>Emergency Services</b>	<p><b><u>In- and Out-of-Network</u></b> You pay a \$95 copay for each visit for Medicare-covered emergency services.</p>	<p><b><u>In- and Out-of-Network</u></b> You pay a \$110 copay for each visit for Medicare-covered emergency services.</p>

Cost	2023 (this year)	2024 (next year)
<b>Fitness benefit (supplemental)</b>	<p><b><u>In-Network</u></b> Through ASH Fitness you have access to one participating Silver &amp; Fit fitness center per month. The Silver &amp; Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health (ASH).</p>	<p><b><u>In-Network</u></b> Through ASH Standard you have access to more than one participating Silver &amp; Fit fitness center per month. The Silver &amp; Fit program is provided by American Specialty Health Fitness, Inc. (ASH Standard), a subsidiary of American Specialty Health (ASH).</p>
<b>Home Infusion Therapy Services</b>	<p><b><u>In-Network</u></b> You pay 20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 20% of the total allowed amount for other Medicare Part B drugs.</p>	<p><b><u>In-Network</u></b> You pay 0%-20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 0%-20% of the total allowed amount for other Medicare Part B drugs.</p>
<b>Medicare Part B Prescription Drugs</b>	<p><b><u>In-Network</u></b> You pay 20% until July 1, 2023 then you paid 20% up to \$35 per month supply of each covered insulin product.  You pay 20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 20% of the total allowed amount for other Medicare Part B drugs.</p>	<p><b><u>In-Network</u></b> You pay 0%-20% up to \$35 per month supply of each covered insulin product.  You pay 0%-20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 0%-20% of the total allowed amount for other Medicare Part B drugs.</p>

Cost	2023 (this year)	2024 (next year)
<b>Over-the-counter items</b>	<u><b>In-Network</b></u> Not covered	<u><b>In-Network</b></u> You receive \$30 for each quarter with \$0 carry over to the next quarter.
	<u><b>Out-of-Network</b></u> Not covered.	<u><b>Out-of-Network</b></u> Not covered.
<b>Pulmonary Rehabilitation Services (Medicare-covered)</b>	<u><b>In-Network</b></u> You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation services visit.	<u><b>In-Network</b></u> You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation services visit.
<b>Supervised Exercise Therapy (SET) (Medicare-covered)</b>	<u><b>In-Network</b></u> You pay a \$30 copay for each Medicare-covered SET visit.	<u><b>In-Network</b></u> You pay a \$25 copay for each Medicare-covered SET visit.
<b>Worldwide Emergency/Urgent Services</b>	You pay a \$95 copay for each emergency care visit worldwide.	You pay a \$110 copay for each emergency care visit worldwide.

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

### Changes to Our “Drug List”

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

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

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a

product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer 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 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 Customer Service and ask for the LIS Rider.

Some of our network pharmacies provide preferred cost sharing, which may be lower than the cost sharing at a pharmacy that offers standard cost sharing. The Pharmacy Directory will tell you which of the network pharmacies offer preferred cost sharing.

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	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, Tier 5 Preferred Specialty Tier, and Tier 6 Specialty Tier drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$135.</p> <p>During this stage, you pay:</p> <p>Tier 1 Preferred Generic - <i>Standard retail</i> \$4 copay per prescription</p> <p>Tier 2 Generic - <i>Standard retail</i> \$10 copay per prescription</p> <p>Tier 7 Vaccines - <i>Standard retail</i> \$0 copay per prescription</p> <p>You pay the full cost for drugs on these tiers:</p> <p>Tier 3 Preferred Brand Tier 4 Non-Preferred Brand Tier 5 Preferred Specialty Tier Tier 6 Specialty Tier until you have reached the yearly deductible.</p>	<p>The deductible is \$100.</p> <p>During this stage, you pay:</p> <p>Tier 1 Preferred Generic - <i>Preferred network or mail order pharmacy</i> \$0 copay per prescription <i>Standard retail</i> \$7 copay per prescription</p> <p>Tier 2 Generic - <i>Preferred network or mail order pharmacy</i> \$7 copay per prescription <i>Standard retail</i> \$14 copay per prescription</p> <p>Tier 7 Vaccines - <i>Preferred network or mail order pharmacy</i> \$0 copay per prescription <i>Standard retail</i> \$0 copay per prescription</p> <p>You pay the full cost for drugs on these tiers:</p> <p>Tier 3 Preferred Brand Tier 4 Non-Preferred Brand Tier 5 Preferred Specialty Tier Tier 6 Specialty Tier until you have reached the yearly deductible.</p>

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

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <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.</p> <p>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 “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 – Preferred Generic: <i>Standard cost sharing:</i></b> You pay a \$4 copay per prescription.</p> <p>Not available.</p> <p><b>Tier 2 – Generic: <i>Standard cost sharing:</i></b> You pay a \$10 copay per prescription.</p> <p>Not available.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 – Preferred Generic: <i>Standard cost sharing:</i></b> You pay a \$7 copay per prescription.</p> <p><i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.</p> <p><b>Tier 2 – Generic: <i>Standard cost sharing:</i></b> You pay a \$14 copay per prescription.</p> <p><i>Preferred cost sharing:</i> You pay a \$7 copay per prescription.</p>

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<p><b>Tier 3 – Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay a \$45 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Not available.</p> <p><b>Tier 4 – Non-Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay a \$100 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Not available.</p>	<p><b>Tier 3 – Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay a \$47 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i>            You pay a \$40 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 – Non-Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay a \$100 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i>            You pay a \$93 copay per prescription. You won't pay more than \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<p><b>Tier 5 – Preferred Specialty Tier:</b> <i>Standard cost sharing:</i> You pay a 25% of the total cost per prescription.</p> <p>Not available.</p> <p><b>Tier 6 – Specialty Tier:</b> <i>Standard cost sharing:</i> You pay a 30% of the total cost per prescription.</p> <p>Not available.</p> <p><b>Tier 7 – Vaccines:</b> <i>Standard cost sharing:</i> You pay a \$0 copay per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 5 – Preferred Specialty Tier:</b> <i>Standard cost sharing:</i> You pay a 26% of the total cost per prescription.</p> <p><i>Preferred cost sharing:</i> You pay a 26% of the total cost per prescription.</p> <p><b>Tier 6 – Specialty Tier:</b> <i>Standard cost sharing:</i> You pay a 31% of the total cost per prescription.</p> <p><i>Preferred cost sharing:</i> You pay a 31% of the total cost per prescription.</p> <p><b>Tier 7 – Vaccines:</b> <i>Standard cost sharing:</i> You pay a \$0 copay per prescription.</p> <p><i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

### Changes to the Coverage Gap and Catastrophic Coverage Stages

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

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

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

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Summit Health Premier + Rx (HMO-POS)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Summit Health Premier + Rx (HMO-POS).

### 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 2024 follow these steps:

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

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Summit Health Premier + Rx (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Summit Health Premier + Rx (HMO-POS).
- 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, 2024.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

### SECTION 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 Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA 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 SHIBA at 800-722-4134. You can learn more about SHIBA by visiting their website ([shiba.oregon.gov](http://shiba.oregon.gov)).

### SECTION 5 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/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 CAREAssist Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 800-805-2313.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Summit Health Premier + Rx (HMO-POS)

Questions? We're here to help. Please call Customer Service at 844-827-2355. (TTY only, call 711.) We are available for phone calls 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. Calls to these numbers are free.

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Summit Health Premier + Rx (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.yoursummithealth.com](http://www.yoursummithealth.com). 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.yoursummithealth.com](http://www.yoursummithealth.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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.







## Important documents for your Medicare Advantage plan

The documents below describe your benefits and coverage rules. Here's how you can **access them online**:



### Evidence of Coverage (EOC)

The EOC tells you what is covered, what you pay as a member of the plan, what the plan's rules are and what services are available to you. Every year, we post the following year's EOC online by October 15th at:

[yoursummithealth.com/medicarematerials](https://yoursummithealth.com/medicarematerials)



### Provider and Pharmacy Directories

Directories list in-network providers and pharmacies available to you.

Visit [yoursummithealth.com/findcare](https://yoursummithealth.com/findcare) to access the online searchable directory. PDF versions are also available on [yoursummithealth.com](https://yoursummithealth.com).



### List of Covered Drugs (Formulary)

The Formulary tells which Part D prescription drugs are covered under the Part D benefit on your plan. The formulary is posted online:

[yoursummithealth.com/covereddrugs](https://yoursummithealth.com/covereddrugs)



You can view your plan documents by logging into your Member Dashboard account at [yoursummithealth.com/memberdashboard](https://yoursummithealth.com/memberdashboard)

If you would like any of these documents mailed to you, contact Customer Service at 844-827-2355 or email [MedicalMedicare@yoursummithealth.com](mailto:MedicalMedicare@yoursummithealth.com).

*Summit Health Plan, Inc. is an HMO with a Medicare contract. Enrollment in Summit Health Plan, Inc. depends on contract renewal.*

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## Get plan documents delivered to you online



Online documents give you easy access to all your Medicare information.

To receive an email from Summit Health when new materials are available, simply log in to your Member Dashboard by visiting [yoursummithealth.com](http://yoursummithealth.com). The sign in button is on the top right side of your screen. If you don't have an account, you can create one. Once logged in, select the "Account" tab. Next, click on "Manage notification settings." From here, you can update your email and make your electronic delivery preference.

Once you request electronic delivery, you will no longer receive this hard copy document in the mail, unless you request it.

Questions? Call us at 844-827-2355.

[YourSummitHealth.com](http://YourSummitHealth.com)



**Cut down on more paper — sign up for eBill today!**

Pay your premium online with eBill. Using eBill, you can view invoices online, set up your preferred payment methods (debit card, checking or savings) and set a recurring payment using our AutoPay feature.

To access eBill, log in to your Member Dashboard and click on the eBill tab.



## 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 844-827-2355. 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 844-827-2355. 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 844-827-2355。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 844-827-2355。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 844-827-2355. 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 844-827-2355. 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 844-827-2355 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 Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844-827-2355. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844-827-2355 번으로 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 844-827-2355. 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 844-827-2355. 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 844-827-2355 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 844-827-2355. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** 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 844-827-2355. 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 844-827-2355. 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 844-827-2355. 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、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、844-827-2355 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。





<b>Customer Service - Contact Information</b>			
<b>Call</b>	844-827-2355 Customer Service Calls to this number are free. Our regular office hours are 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. Customer Service has free language interpreter services available for non-English speakers.		
<b>TTY</b>	711 This number is available 24 hours a day, seven days a week. This number requires special telephone equipment and is available for people who have difficulties with hearing or speaking.		
<b>Fax</b>	<table border="1"> <tr> <td>Medical Fax Requests 855-294-1667 Attn: Medicare Customer Service</td> <td>Pharmacy Fax Requests 800-207-8235 Attn: Pharmacy Customer Service</td> </tr> </table>	Medical Fax Requests 855-294-1667 Attn: Medicare Customer Service	Pharmacy Fax Requests 800-207-8235 Attn: Pharmacy Customer Service
Medical Fax Requests 855-294-1667 Attn: Medicare Customer Service	Pharmacy Fax Requests 800-207-8235 Attn: Pharmacy Customer Service		
<b>Write</b>	<table border="1"> <tr> <td>           Medical Requests            Summit Health Plan            Attn: Medicare Customer Service            P.O. Box 820070            Portland OR 97282            Email:            MedicalMedicare@yoursummithealth.com         </td> <td>           Pharmacy Requests            Summit Health Plan            Attn: Pharmacy Customer Service            P.O. Box 22859            Portland, OR 97269            Email:            PharmacyMedicare@yoursummithealth.com         </td> </tr> </table>	Medical Requests Summit Health Plan Attn: Medicare Customer Service P.O. Box 820070 Portland OR 97282 Email: MedicalMedicare@yoursummithealth.com	Pharmacy Requests Summit Health Plan Attn: Pharmacy Customer Service P.O. Box 22859 Portland, OR 97269 Email: PharmacyMedicare@yoursummithealth.com
Medical Requests Summit Health Plan Attn: Medicare Customer Service P.O. Box 820070 Portland OR 97282 Email: MedicalMedicare@yoursummithealth.com	Pharmacy Requests Summit Health Plan Attn: Pharmacy Customer Service P.O. Box 22859 Portland, OR 97269 Email: PharmacyMedicare@yoursummithealth.com		
<b>Website</b>	<a href="http://www.yoursummithealth.com">www.yoursummithealth.com</a>		

<b>Senior Health Insurance Benefits Assistance (SHIBA) (Oregon’s SHIP) - Contact Information</b>	
Senior Health Insurance Benefits Assistance (SHIBA) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.	
<b>Call</b>	800-722-4134
<b>TTY</b>	711
<b>Write</b>	SHIBA P.O. Box 14480 Salem OR 97309-0405
<b>Website</b>	<a href="http://shiba.oregon.gov">shiba.oregon.gov</a>

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Important Summit Health Plan, Inc. information



601 S.W. Second Ave.  
Portland, OR 97204-3154

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