

CCA Medicare Maximum (HMO D-SNP) offered by CCA Health Michigan

Annual Notice of Changes for 2023

You are currently enrolled as a member of Reliance Dual Care Plus. 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.ccahealthmi.org. 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 CCA Health Michigan.
- 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 CCA Health Michigan.
- Look in section 5.2, page 11 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

- Please contact our Member Services number at 855-959-5855 for additional information. (TTY users should call 711.) Hours are between October 1-March 31: Seven Days a week from 8:00a.m.-8:00p.m. Eastern. April 1-September 30: Monday-Friday from 8:00a.m.-8:00p.m ET.
- We can also give you information in braille, in large print, or other alternate formats at no cost if you need it.
- **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 CCA Medicare Maximum

- CCA Medicare Maximum is an HMO with a Medicare contract. Enrollment in CCA Medicare Maximum depends on contract renewal. The plan also has a written agreement with the Michigan Medicaid program to coordinate your Medicaid benefits.
 - When this document says "we," "us," or "our," it means CCA Health Michigan. When it says "plan" or "our plan," it means CCA Medicare Maximum.
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CCA Medicare Maximum in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Michigan 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 than this amount. See Section 3.1 for details.	\$0	\$0
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	\$0	\$0
Part D prescription drug coverage (See Section 3.6 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: You pay \$0 for all Part D drugs.	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: You pay \$0 for all 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 3.2 for details.)	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.	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 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from Reliance Dual Care Plus to CCA Medicare Maximum.

This name change will not impact any other communications you receive from us. You will receive a new member ID card in the mail in December 2022.

SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in CCA Medicare Maximum in 2023

If you do nothing in 2022, we will automatically enroll you in our CCA Medicare Maximum. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through CCA Medicare Maximum. 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 3 Changes to Benefits and Costs for Next Year

Section 3.1 – 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 Michigan Medicaid.)	\$0	\$0

Section 3.2 – 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)
<p>Maximum out-of-pocket amount Because our members also get assistance from Michigan Medicaid, very few members ever reach this out-of-pocket maximum. 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.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$0</p>	<p>There are no changes for the upcoming benefit year.</p>

Section 3.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.ccahealthmi.org. 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 3.4 – 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)
Transportation (Routine)	48 one-way trips every year	50 one-way medical trips every year.
Over-the-Counter (OTC) Items	Maximum benefit of \$200 every 3 months.	Maximum benefit of \$600 every 3 months.
Fitness Benefit	You pay \$0 for a fitness program membership at any participating location across the country and a fitness kit to track physical activity.	You pay \$0 for a fitness program membership, digital workouts, workout plans, home fitness kits and healthy aging coaching.
In-Home Support Services	You pay \$0 for a companion benefit for assistance with transportation and house chores. Limited to 8 hours of companionship per month.	You pay \$0 for up to 60 hours per year for assistance with transportation, grocery shopping, medication pick up, doctor appointments, technical guidance, care gap reminders, light housekeeping help, light exercise, and activity.
Preventive Dental Services	There is no annual maximum for preventive dental services.	We cover a maximum of \$3,500 per year for preventive and comprehensive dental services combined.
Comprehensive Dental Services	<p>You pay \$0 for non-routine services.</p> <p>We cover a maximum of \$2,500 per year for comprehensive dental services.</p> <p>Services do not require prior authorization.</p>	<p>Non-routine services are not covered.</p> <p>We cover a maximum of \$3,500 per year for preventive and comprehensive dental services combined.</p> <p>Services may require prior authorization.</p>
Vision Benefit	You receive a \$200 pre-paid Mastercard to use towards the cost of routine eye exams, routine lenses/frames, contact lenses, and eyewear upgrades.	You receive a \$300 pre-paid Visa card to use towards the cost of routine eye exams, routine lenses/frames, contact lenses, and eyewear upgrades.

Cost	2022 (this year)	2023 (next year)
Hearing Aids	There is a \$2,000 benefit limit per year for unlimited hearing aids.	We cover Hearing Aids (1 per ear every year) There is a \$2,000 benefit limit per year for up to 2 hearing aids (1 per ear).
Special Supplemental Benefits for the Chronically Ill	<p>You receive a \$50 grocery card per month.</p> <p>To qualify, you must have chronic alcohol and other drug dependence, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage renal disease (ESRD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, hypertension, or Alzheimer’s.</p>	<p>The \$600 maximum benefit every three months for the purchase of over-the-counter items includes the purchase of groceries.</p> <p>You receive a \$50 flex card every month towards verified utility payments.</p> <p>You receive a \$100 allowance per year towards the purchase of sneakers.</p> <p>To qualify, you must have chronic alcohol and other drug dependence, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage renal disease (ESRD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, chronic kidney disease, physical disabilities, musculoskeletal conditions, developmental disabilities, or vision and hearing disorders</p>

Section 3.5 – 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. The Drug List includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the *complete Drug List*** by calling Member Services (see the back cover) or visiting our website (www.ccahealthmi.org).

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

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	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, 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. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>. 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 one-month supply at a network pharmacy with standard cost-sharing: You pay \$0 cost for all Part D drugs. _____ Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply at a network pharmacy with standard cost-sharing: You pay \$0 cost for all Part D drugs. _____ Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 4 Administrative Changes

Description	2022 (this year)	2023 (next year)
Vision Benefit	NationsBenefit administers the pre-paid Mastercard that can be used for routine vision services.	Incomm administers the pre-paid Visa that can be used for routine vision services.
Meals After Hospitalization	This benefit is administered by NationsBenefit.	This benefit is administered by Mom's Meals.
Over-the-Counter Items	This benefit is administered by NationsBenefit.	This benefit is administered by Incomm.
Routine Transportation Benefit	This benefit is administered by Reliance HMO, Inc.	This benefit will be administered by Kaizen.

Description	2022 (this year)	2023 (next year)
Website	www.RelianceMedicareAdvantage.org	www.ccahealthmi.org

SECTION 5 Deciding Which Plan to Choose

Section 5.1 – If you want to stay in CCA Medicare Maximum

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 CCA Medicare Maximum.

Section 5.2 – 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.

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 Section7), or call Medicare (see Section9.2).

As a reminder, CCA Health Michigan 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 CCA Medicare Maximum.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CCA Medicare Maximum.
- **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 6 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 7 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 Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MMAP 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 MMAP at 1-800-803-7174. You can learn more about MMAP by visiting their website (www.mmapinc.org).

For questions about your Michigan Medicaid benefits, contact the Michigan Department of Community Health Medical Services Administration at 1-800-642-3195 Monday – Friday from

8:00 am to 7:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.

SECTION 8 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).

SECTION 9 Questions?

Section 9.1 – Getting Help from CCA Medicare Maximum

Questions? We’re here to help. Please call Member Services at 855-959-5855. (TTY only, call 711.) We are available for phone calls between October 1 - March 31: Seven Days a week from 8:00 a.m.-8:00 p.m. ET. April 1 - September 30: Monday-Friday from 8:00 a.m.-8:00 p.m. ET. 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 CCA Medicare Maximum. 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.ccahealthmi.org. 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.ccahealthmi.org. 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 9.2 – 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 9.3 – Getting Help from Medicaid

To get information from Michigan Medicaid you can call the Michigan Department of Community Health Medical Services Administration at 1-800-642-3195. TTY users should call 711.

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