CareFree
(HMO)
H1019-065

2023



ANNUAL NOTICE OF CHANGES

South Florida: Broward, Palm Beach

Broward and Palm Beach counties

CarePlus HEALTH PLANS



Thank you for being a CarePlus member.

We appreciate the trust you put in us for your healthcare needs. CarePlus is committed to offering benefits and services our members find the most useful to help them save money and be their healthiest.

This booklet is a comparison of your 2022 benefits to your 2023 benefits. If you would like to keep your current plan, you don't need to do anything.

The information you need is just a click away

Starting October 15, 2022, you can find these 2023 documents online at **www.careplushealthplans.com/medicare-plans/2023**:

- **Evidence of Coverage**
  Complete details of your CarePlus plan, including benefits and costs
- **Prescription Drug Guide (Drug List)**
  List of drugs covered in your plan
- **Provider Directory**
  List of doctors, pharmacies and other providers in your network

If you prefer to have a printed copy of these documents mailed to you, fill out our online request form at: **www.careplushealthplans.com/medicare-plans/request-printed-materials**. You can also call **1-800-794-5907; TTY: 711**. From October 1 – March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 – September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

CareFree (HMO) offered by CarePlus Health Plans, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of CareFree (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 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.careplushealthplans.com/medicare-plans/2023.** You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 Drug Guide 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 CareFree (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with CareFree (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.

OMB Approval 0938-1051 (Expires: February 29, 2024)

- Please contact our Member Services number at 1-800-794-5907 for additional information. (TTY users should call 711.) From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

- This information is available in different formats, including braille, large print, and audio. Please call Member Services at the number listed above if you need plan information in another format.

- **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 CareFree (HMO)

- CareFree (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this CarePlus plan depends on contract renewal.

- When this document says "we," "us," or "our", it means CarePlus Health Plans, Inc. When it says "plan" or "our plan," it means CareFree (HMO).

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Lists the names, addresses, phone numbers, and other contact information for a variety of helpful resources in your state.

Summary of Important Costs for 2023

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

Cost	2022 (this year)	2023 (next year)
	In-Network	**In-Network**
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	**$0**	**$0**
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	**$3,400**	**$3,400**
Doctor office visits	Primary care visits: **$0** copayment per visit Specialist visits: **$20** copayment per visit	Primary care visits: **$0** copayment per visit Specialist visits: **$20** copayment per visit
Inpatient hospital stays	**$150** copayment per day for days 1 – 6 **$0** copayment per day for days 7 – 90	**$150** copayment per day for days 1 – 6 **$0** copayment per day for days 7 – 90

Cost	2022 (this year)	2023 (next year)
	In-Network	**In-Network**
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: **$100** Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a **retail pharmacy** with preferred cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$0** • Drug Tier 2 Select Insulins**: Not applicable • Drug Tier 3: **$47** • Drug Tier 3 Select Insulins**: **$35** • Drug Tier 4: **$97** • Drug Tier 5: **31%**	Deductible: **$0** Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a **retail pharmacy** with preferred cost-sharing: • Not applicable, see 30-day supply from a retail pharmacy with standard cost-sharing below.
	For a 30-day supply from a **retail pharmacy** with standard cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$12** • Drug Tier 2 Select Insulins**: Not applicable • Drug Tier 3: **$47** • Drug Tier 3 Select Insulins**: **$35** • Drug Tier 4: **$100** • Drug Tier 5: **31%**	For a 30-day supply from a **retail pharmacy** with standard cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$0** • Drug Tier 2 Select Insulins**: **$0** • Drug Tier 3: **$47** • Drug Tier 3 Select Insulins**: **$35** • Drug Tier 4: **$97** • Drug Tier 5: **33%**

Cost	2022 (this year)	2023 (next year)
	In-Network	**In-Network**
	For a 90-day supply from a **mail-order pharmacy** with preferred cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$0** • Drug Tier 2 Select Insulins**: Not applicable • Drug Tier 3: **$131** • Drug Tier 3 Select Insulins**: **$95** • Drug Tier 4: **$281** • Drug Tier 5: Not available	For a 90-day supply from a **mail-order pharmacy** with preferred cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$0** • Drug Tier 2 Select Insulins**: **$0** • Drug Tier 3: **$131** • Drug Tier 3 Select Insulins**: **$95** • Drug Tier 4: **$281** • Drug Tier 5: Not available
	For a 90-day supply from a **mail-order pharmacy** with standard cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$36** • Drug Tier 2 Select Insulins**: Not applicable • Drug Tier 3: **$141** • Drug Tier 3 Select Insulins**: **$105** • Drug Tier 4: **$300** • Drug Tier 5: Not available	For a 90-day supply from a **mail-order pharmacy** with standard cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$36** • Drug Tier 2 Select Insulins**: **$36** • Drug Tier 3: **$141** • Drug Tier 3 Select Insulins**: **$105** • Drug Tier 4: **$300** • Drug Tier 5: Not available

CarePlus is participating in the **Insulin Savings Program which provides affordable, predictable copayments on **Select Insulins** through the first three drug payment stages of the Part D benefit. These include the Deductible (if applicable to your plan), the Initial Coverage and Coverage Gap Stages. To find out which drugs are Select Insulins, review the most recent Drug Guide we provided electronically. You can identify Select Insulins by the **"ISP"** indicator in the Drug Guide. If you have questions about the Drug Guide, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	**$0** Your plan will reduce your monthly Medicare Part B premium by up to **$100**.	**$0** Your plan will reduce your monthly Medicare Part B premium by up to **$100**.

- 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.

Section 1.2 - Changes to Your Maximum Out-of-Pocket Amount

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

Cost	**2022** (this year)	**2023** (next year)
	In-Network	**In-Network**
Maximum out-of-pocket amount 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.	**$3,400**	**$3,400** Once you have paid **$3,400** out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 - Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at **www.careplushealthplans.com/directories**. 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 *Provider 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 Member Services 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.

Services received at Rural Health Clinics, Federally Qualified Health Clinics, and Critical Access Hospitals may be subject to the Primary Care Physician or Specialist copay or coinsurance, as applicable, for 2023.

Effective April 1, 2023, some rebatable Part B drugs may be subject to a lower coinsurance.

Effective July 1, 2023, cost sharing for covered Part B Insulin furnished through a covered item of durable medical equipment will be no more than $35 for a one-month (up to 30-day) supply.

Cost	**2022** (this year)	**2023** (next year)
	In-Network	**In-Network**
COVID-19 testing and treatment		
• COVID-19 testing	**$0** copayment	Cost-share may apply, coverage is the same as similar diagnostic testing
• COVID-19 treatment	**$0** copayment	Cost-share may apply, coverage is the same as similar treatments
• Meals with confirmed COVID-19 diagnosis	Covered	Not Covered
Dental services		
• Supplemental dental benefits:	**DEN095** **$0** copayment for comprehensive oral exam, panoramic film up to 1 every 3 years. **$0** copayment for partial or complete dentures up to 1 set(s) every 5 years. **$0** copayment for bitewing x-rays up to 1 set(s) per year. **$0** copayment for amalgam and/or composite filling, fluoride treatment, periodic oral exam, prophylaxis (cleaning), simple or surgical extraction up to 2 per year.	**DEN117** **$0** copayment for comprehensive oral exam, panoramic film up to 1 every 3 years. **$0** copayment for partial or complete dentures up to 1 set(s) every 5 years. **$0** copayment for bitewing x-rays up to 1 set(s) per year. **$0** copayment for amalgam and/or composite filling, fluoride treatment, periodic oral exam, prophylaxis (cleaning), simple or surgical extraction up to 2 per year.

Cost	**2022** (this year)	**2023** (next year)
	In-Network	**In-Network**
	$0 copayment for necessary anesthesia with covered service up to unlimited per year.	**$0** copayment for periodontal maintenance up to 4 per year. **$0** copayment for extractions for dentures, necessary anesthesia with covered service up to unlimited per year. Unlimited extractions are covered only for the purpose of member receiving dentures, all other extractions are limited to 2 per year.
Outpatient diagnostic tests and therapeutic services and supplies • For diagnostic mammography, you pay:		
– at a specialist's office	**$20** copayment	**$0** copayment
– at a freestanding radiology facility	**$20** copayment	**$0** copayment
– at a hospital facility as an outpatient	**$50** copayment	**$0** copayment
• For diagnostic colonoscopy, you pay:		
– at an ambulatory surgical center	**$95** copayment	**$0** copayment
– at a hospital facility as an outpatient	**$110** copayment	**$0** copayment
Vision care • Routine vision services:	**VIS898** **$0** copayment for refraction, routine exam up to 1 per year. **$150** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames or 1 pair of select eyeglasses at no cost. Eyeglasses include ultraviolet protection and scratch resistant coating.	**VIS843** **$0** copayment for refraction, routine exam up to 1 per year. **$300** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames or 2 pairs of select eyeglasses at no cost. Eyeglasses include ultraviolet protection and scratch resistant coating.
Additional Drug Coverage For select Prescription Vitamins, you pay: Refer to Chapter 6 (What you pay for your Part D prescription drugs) in the Evidence of Coverage for cost share amount.	Not Covered	Covered at Tier 1 cost-share

Section 1.5 - Changes to Part D Prescription Drug Coverage

Changes to Our Drug Guide

Our list of covered drugs is called a Formulary or "Drug Guide." A copy of our Drug Guide is provided electronically. The Drug Guide 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 Guide** by calling Member Services (see the back cover) or visiting our website **www.careplushealthplans.com/medicare-plans/2023-prescription-drug-guides**).

We made changes to our Drug Guide, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug Guide 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 Guide 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 Guide 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

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

There are four "drug payment stages." The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	**2022** (this year)	**2023** (next year)
Stage 1: Yearly Deductible Stage	The deductible is **$100**. During this stage, you pay **$0** cost-sharing for drugs on Tier 1, **$0** cost-sharing for drugs on Tier 2, **$47** cost-sharing for drugs on Tier 3 and the full cost of drugs on Tier 4 and Tier 5 until you have reached the yearly deductible.	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)
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 cost in these rows are for a one-month (up to a 30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug Guide. To see if your drugs will be in a different tier, look them up on the Drug Guide.	Your cost for a one-month (up to a 30-day) supply at a retail network pharmacy:	Your cost for a one-month (up to a 30-day) supply at a retail network pharmacy:
	Preferred Generic: *Standard cost sharing*: You pay **$0** per prescription. *Preferred cost sharing*: You pay **$0** per prescription.	**Preferred Generic:** *Retail (Standard) cost sharing*: You pay **$0** per prescription.
	Generic: *Standard cost sharing*: You pay **$12** per prescription. *Insulin Savings Program***: Not applicable *Preferred cost sharing*: You pay **$0** per prescription. *Insulin Savings Program***: Not applicable.	**Generic:** *Retail (Standard) cost sharing*: You pay **$0** per prescription. *Retail (Standard) cost sharing for Select Insulins***: You pay **$0** per prescription.
	Preferred Brand: *Standard cost sharing*: You pay **$47** per prescription. *Standard cost sharing for Select Insulins***: You pay **$35** per prescription. *Preferred cost sharing*: You pay **$47** per prescription. *Preferred cost sharing for Select Insulins***: You pay **$35** per prescription.	**Preferred Brand:** *Retail (Standard) cost sharing*: You pay **$47** per prescription. *Retail (Standard) cost sharing for Select Insulins***: You pay **$35** per prescription.
	Non-Preferred Drug:	**Non-Preferred Drug:**

Stage	**2022** (this year)	**2023** (next year)
	Standard cost sharing: You pay **$100** per prescription. *Preferred cost sharing*: You pay **$97** per prescription.	*Retail (Standard) cost sharing*: You pay **$97** per prescription.
	Specialty Tier: *Standard cost sharing*: You pay **31%** per prescription. *Preferred cost sharing*: You pay **31%** per prescription.	**Specialty Tier:** *Retail (Standard) cost sharing*: You pay **33%** per prescription.
	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).
	** CarePlus is participating in the **Insulin Savings Program** which provides affordable, predictable copayments on **Select Insulins** through the first three drug payment stages of the Part D benefit. These include the Deductible (if applicable to your plan), the Initial Coverage and Coverage Gap Stages.	** CarePlus is participating in the **Insulin Savings Program** which provides affordable, predictable copayments on **Select Insulins** through the first three drug payment stages of the Part D benefit. These include the Deductible (if applicable to your plan), the Initial Coverage and Coverage Gap Stages.

CareFree (HMO) offers additional gap coverage for Select Insulins as part of the **Insulin Savings Program**. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be **$0-$35** for a one-month (up to a 30-day) supply. The Insulin Savings Program does not apply to 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 - You won't pay more than $35 for a one-month (up to 30-day) supply of each Part D insulin product covered by our plan, no matter what cost-sharing tier it's on. This applies to all Part D covered insulins, including the Select Insulins covered under the Insulin Savings Program. If you receive "Extra Help", you will still pay no more than $35 for a one-month supply for each Part D covered insulin. Please see your Prescription Drug Guide to find all Part D insulins covered by 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.careplushealthplans.com/medicare-plans/2023.**

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help – Please contact our Member Services number at 1-800-794-5907 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 – March 31 and 8 a.m. to 8 p.m. Monday-Friday from April 1 - September 30.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 - If you want to stay in CareFree (HMO)

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

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), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CareFree (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from CareFree (HMO).
- 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.

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.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program (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 your State Health Insurance Assistance Program at the number listed in "Exhibit A" in the back of this document.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list 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).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP program (the name and phone numbers for this organization are in "Exhibit A" in the back of this document).

SECTION 6 Questions?

Section 6.1 – Getting Help from CareFree (HMO)

Questions? We're here to help. Please call Member Services at 1-800-794-5907. (TTY only, call 711.) We are available for phone calls from 8 a.m. to 8 p.m., seven days a week from Oct. 1 – Mar. 31 and 8 a.m. to 8 p.m. Monday-Friday from Apr. 1 - Sept. 30. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day. 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 CareFree (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **www.careplushealthplans.com**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at **www.careplushealthplans.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 Guide).

Section 6.2 – 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.

Exhibit A- State Agency Contact Information

This section provides the contact information for the state agencies referenced in this Annual Notice of Changes. If you have trouble locating the information you seek, please contact Member Services at the phone number on the back cover of this booklet.

Florida	
SHIP Name and Contact Information	Serving Health Insurance Needs of Elders (SHINE) Department of Elder Affairs 4040 Esplanade Way, Suite 270 Tallahassee, FL 32399-7000 1-800-963-5337 (toll free) 1-800-955-8770 (TTY) 1-850-414-2150 (fax) 1-800-963-5337 http://www.floridaSHINE.org
Quality Improvement Organization	KEPRO 5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609 1-888-317-0751 711 (TTY) 1-844-878-7921 (Fax) https://www.keproqio.com/
State Medicaid Office	Florida Medicaid 2727 Mahan Drive Tallahassee, FL 32308-5407 1-888-419-3456 (toll free) 1-850-412-4000 (local) 1-850-922-2993 (fax) https://ahca.myflorida.com/Medicaid/index.shtml
AIDS Drug Assistance Program	Florida AIDS Drug Assistance Program (ADAP) HIV/AIDS Section 4052 Bald Cypress Way Tallahassee, FL 32399 1-850-245-4422 1-800-545-7432 (1-800-545-SIDA) (Spanish) 1-800-2437-101 (1-800-AIDS-101) (Creole) 1-888-503-7118 (TTY) http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html

Notice of Privacy Practices
For your personal health information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

We may change our privacy practices and the terms of this notice at any time, as allowed by law. Including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?
Personal and health information includes both medical information and personal information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we protect your information?
We have a responsibility to protect the privacy of your information in all formats including electronic, written and oral information. We have safeguards in place to protect your information in various ways including:
- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?
We use and disclose your information:
- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:
- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities. Including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission or your plan sponsor has to certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out as described below, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency. To your family and friends or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.

- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities, and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Will we use your information for purposes not described in this notice?
We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.
The following uses and disclosures will require your written permission:
- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

What do we do with your information when you are no longer a member?
Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?
We are committed to responding to your rights request in a timely manner
- Access - You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. If you request copies, we may charge you a fee for the labor for copying, supplies for creating the copy (paper or electronic) and postage.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life- threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment - You have the right to request correction of any of this personal information through amendment or deletion. Within 30 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. In the event that we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*
- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice - You have the right to request and receive a written copy of this notice any time.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

What types of communications can I opt out of that are made to me?
- Appointment reminders
- Treatment alternatives or other health-related benefits or services

- Fundraising activities

How do I exercise my rights or obtain a copy of this notice?
All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:
- Contacting us at 1-866-861-2762
- Accessing our Website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:
  Humana Inc.
  Privacy Office 003/10911
  101 E. Main Street
  Louisville, KY 40202

* This right applies only to our Massachusetts residents in accordance with state regulations.

If I believe that my privacy has been violated, what should I do?
If you believe that your privacy has been violated you may file a complaint with us by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also e-mail your complaint to OCRComplaint@hhs.gov. If you elect to file a complaint, your benefits will not be affected and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

We follow all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, we follow the law, rule, or regulation which provides greater protection.

We are required by law to abide by the terms of this notice currently in effect.

What will happen if my information is used or disclosed inappropriately?
We are required by law to provide individuals with notice of our legal duties and privacy practices regarding personal and health information. If a breach of unsecured personal and health information occurs, we will notify you in a timely manner.

The following affiliates and subsidiaries also adhere to our privacy program and procedures:

Arcadian Health Plan, Inc.
CarePlus Health Plans, Inc.
Cariten Health Plan, Inc.
CHA HMO, Inc.
CompBenefits Company
CompBenefits Dental, Inc.
CompBenefits Insurance Company
DentiCare, Inc.
Emphesys Insurance Company
HumanaDental Insurance Company
Humana Benefit Plan of Illinois, Inc.
Humana Benefit Plan of South Carolina, Inc.
Humana Benefit Plan of Texas, Inc.
Humana Employers Health Plan of Georgia, Inc.
Humana Health Benefit Plan of Louisiana, Inc.
Humana Health Company of New York, Inc.
Humana Health Insurance Company of Florida, Inc.

Humana Health Plan of California, Inc.
Humana Health Plan of Ohio, Inc.
Humana Health Plan of Texas, Inc.
Humana Health Plan, Inc.
Humana Health Plans of Puerto Rico, Inc.
Humana Insurance Company
Humana Insurance Company of Kentucky
Humana Insurance Company of New York
Humana Insurance of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Medical Plan of Michigan, Inc.
Humana Medical Plan of Pennsylvania, Inc.
Humana Medical Plan of Utah, Inc.
Humana Regional Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Go365 by Humana for Healthy Horizons
Managed Care Indemnity, Inc.
The Dental Concern, Inc.

Effective 9/2013

Important!

At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. CarePlus complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance, with:
  CarePlus Health Plans, Inc. Attention: Grievances and Appeals Department.
  PO Box 277810, Miramar, FL 33027.
  If you need help filing a grievance, call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.

Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

CarePlus
HEALTH PLANS

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-794-5907 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-794-5907 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-794-5907 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-794-5907 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-794-5907 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-794-5907 (TTY: 711). 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 quí vị cần thông dịch viên xin gọi 1-800-794-5907 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-794-5907 (TTY: 711). 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 제공하고있습니다 . 통역 서비스를 이용하려면 전화 1-800-794-5907 (TTY: 711) 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 1-800-794-5907 (TTY: 711). 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 (برقياً: 711) 1-800-794-5907. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه هي خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-794-5907 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-794-5907 (TTY: 711). 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 1-800-794-5907 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-794-5907 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-794-5907 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-794-5907 (TTY: 711) 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。

CP REV 7.14.22

Notes

Notes

CarePlus Health Plans, Inc.
P.O. Box 14098
Lexington, KY 40512-4098

H1019065000ANOC23

Important information about changes to your Medicare Advantage and prescription drug plan



Look inside

Here's a summary of what's different about your **CarePlus plan** that takes effect on Jan. 1, 2023.

Questions?

Call Member Services at 1-800-794-5907, (TTY:711).

CarePlus HEALTH PLANS

CarePlusHealthPlans.com