2023

CHRISTUS® Health Plan

Generations Plus (HMO)

ANNUAL NOTICE OF CHANGES

CHRISTUS Health Plan Generations Plus covers members in the following counties:

Bowie	Henderson	Smith
Camp	Hopkins	Titus
Cass	Marion	Upshur
Cherokee	Morris	Van Zandt
Franklin	Panola	Wood
Gregg	Red River	
Harrison	Rusk	

CHRISTUS HEALTH PLAN
Medicare Advantage Plans

CHRISTUS Health Plan

METHOD	MEMBER SERVICES – CONTACT INFORMATION
CALL	844.282.3026 Calls to this number are free. The CHRISTUS Health Plan Member Services department is available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30. A voice response system is available after hours. Messages left will be responded to within one business day. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Relay Texas This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30.
FAX	469.282.3013
WRITE	CHRISTUS Health Plan Generations Attention: Member Services P.O. Box 169001 Irving | TX 75016
WEBSITE	CHRISTUShealthplan.org

TEXAS HEALTH AND HUMAN SERVICES

The Texas Health and Human Services is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

METHOD	CONTACT INFORMATION
CALL	800.252.9240 Calls to this number are free.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Health Information, Counseling, and Advocacy Program (HICAP) Texas Department of Insurance P.O. Box 149104 Austin | TX 787148
WEBSITE	tdi.texas.gov/consumer/hicap/

CHRISTUS Health Plan Generations Plus (HMO) *offered by* CHRISTUS Health Plan

Annual Notice of Changes for 2023

You are currently enrolled as a member of CHRISTUS Health Plan Generations Plus (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.christushealthplan.org. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. 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 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 CHRISTUS Health Plan Generations Plus (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 CHRISTUS Health Plan Generations Plus (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.
- Please contact our Member Services number at 1-844-282-3026 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. local time, 7 days a week, from October 1 – March 31. From April 1 – September 30, hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday.
- This document is available in other formats such as braille, large print or audio.
- **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 CHRISTUS Health Plan Generations Plus (HMO)

- CHRISTUS Health Plan Generations Plus (HMO)is an HMO with a Medicare contract. Enrollment in CHRISTUS Health Plan Generations Plus (HMO) depends on contract renewal.
- When this document says "we," "us," or "our," it means CHRISTUS Health Plan. When it says "plan" or "our plan," it means CHRISTUS Health Plan Generations Plus (HMO).

H1189_MM2189_M
CMS Approved 09/18/2022

Annual Notice of Changes for 2023
Table of Contents

Summary of Important Costs for 2023

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

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$20	$20
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$4,400	$4,400
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $25 per visit	Primary care visits: $0 per visit Specialist visits: $25 per visit
Inpatient hospital stays	Days 1-5: $225 per day Days 6-90: $0	Days 1-5: $225 per day Days 6-90: $0 Days 91-100: $225 per day

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $150 for Tiers 4 and 5 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $4 copayment • Drug Tier 2: $10 copayment • Drug Tier 3: $35 copayment • Drug Tier 4: 26% coinsurance • Drug Tier 5: 29% coinsurance	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $4 copayment • Drug Tier 2: $10 copayment • Drug Tier 3: $47 copayment • Drug Tier 4: $100 copayment • Drug Tier 5: 33% coinsurance

SECTION 1 Changes to Benefit and Cost 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.)	$20	$20

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket 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 services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount 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.	$4,400	$4,400 Once you have paid $4,400 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.christushealthplan.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 & Pharmacy 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 & 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 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.

Cost	2022 (this year)	2023 (next year)
Cardiac Rehabilitation Services	You pay $40 copay per service.	You pay $10 copay per service.
Electrocardiograms	Referral is not required for Medicare-covered electrocardiograms.	Referral is required for Medicare-covered electrocardiograms.
Inpatient Hospital Services	Our plan covers 90 days for an inpatient hospital stay. You pay a $225 copay per day for days 1 through 5. You pay nothing per day for days 6 through 90.	Our plan covers 100 days for an inpatient hospital stay. You pay a $225 copay per day for days 1 through 5. You pay nothing per day for days 6 through 90. You pay a $225 copay per day for days 91 through 100.

Cost	2022 (this year)	2023 (next year)
Over-The-Counter (OTC) Items	You pay a $0 copay. Up to $100 allowance each quarter for the purchase of OTC products from Express Scripts Benefit Catalog.	You pay a $0 copay. Up to $115 allowance each quarter for the purchase of OTC products from Express Scripts Benefit Catalog.
Pulmonary Rehabilitation Services	You pay a $30 copay per service.	You pay a $20 copay per service.

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 in this envelope. 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.christushealthplan.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

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 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 $150 During this stage, you pay $4, $10 and $35 cost sharing for drugs on Tier 1, Tier 2 and 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

For drugs on Tier 4 (Non-Preferred Brand), your cost sharing in the initial coverage stage is changing from coinsurance to copayment. Please see the following chart for the changes from 2022 to 2023.

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.** For 2022 you paid a 26% coinsurance for drugs on Tier 4 (Non-Preferred Brand). For 2023 you will pay a $100 copayment for drugs on this tier.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 (Preferred Generic):** You pay $4 per prescription. **Tier 2 (Generic):** You pay $10 per prescription. **Tier 3 (Preferred Brand):** You pay $35 per prescription. **Tier 4 (Non-Preferred Brand):** You pay 26% of the total costs. **Tier 5 (Specialty):** You pay 29% of the total costs.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 (Preferred Generic):** You pay $4 per prescription. **Tier 2 (Generic):** You pay $10 per prescription. **Tier 3 (Preferred Brand):** You pay $47 per prescription. **Tier 4 (Non-Preferred Brand):** You pay $100 per prescription. **Tier 5 (Specialty):** You pay 33% of the total costs.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply 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 List. To see if your drugs will be in a different tier, look them up on the Drug List.	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).

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 supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in CHRISTUS Health Plan Generations Plus (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 CHRISTUS Health Plan Generations Plus (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 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 2.1 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). As a reminder, CHRISTUS Health Plan 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 CHRISTUS Health Plan Generations Plus (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from CHRISTUS Health Plan Generations Plus (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. In Texas, the SHIP is called Texas Health and Human Services.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Texas Health and Human Services 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 Texas Health and Human Services at 1-800-252-9240. You can learn more about Texas Health and Human Services by visiting their website (hhs.texas.gov).

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).
- **Help from your state's pharmaceutical assistance program.** Texas has a program called Kidney Health Care Program (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090 ext. 3004 Monday through Friday from 8 a.m. to 5 p.m. local time or go to the website (https://q1medicare.com/PartD-SPAPTexasKidneyHealthCareProgKHC.php).

SECTION 6 Questions?

Section 6.1 – Getting Help from CHRISTUS Health Plan Generations Plus (HMO)

Questions? We're here to help. Please call Member Services at 1-844-282-3026. (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m. local time, 7 days a week, from October 1 – March 31. From April 1 – September 30, hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. Calls to these numbers are free.

Read your *2023 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for CHRISTUS Health Plan Generations Plus (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.christushealthplan.org. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. 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.christushealthplan.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

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.

THIS PAGE INTENTIONALLY LEFT BLANK

844.282.3026 | TTY 711

Oct. 1 – Mar. 31 | 7 days a week | 8am – 8pm local time

Apr. 1 – Sept. 30 | 8am – 8pm local time

CHRISTUShealthplan.org