

Signature Advantage Plan (HMO ISNP) offered by Signature Advantage, LLC

Annual Notice of Changes for 2024

You are currently enrolled as a member of Signature Advantage Plan. 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.signatureadvantageplan.com. 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 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Signature Advantage Plan.
- *To change to a **different plan**, 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 1-844-214-8633 for additional information. (TTY users should call 711.) Hours are 8:00 am to 8:00 pm 7 days a week (excluding Thanksgiving and Christmas), from April 1st to September 30th, hours are 8:00 am to 8:00 pm Monday through Friday (excluding federal holidays). This call is free.
- This document is available in alternate formats (e.g., large print, live audio reader) by calling Member Services.
- **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 Signature Advantage Plan

- Signature Advantage Plan is an HMO-ISNP with a Medicare contract. Enrollment in Signature Advantage Plan depends on contract renewal.
- When this document says "we," "us," or "our", it means Signature Advantage, LLC. When it says "plan" or "our plan," it means Signature Advantage Plan.

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Annual Notice of Changes for 2024

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Signature Advantage Plan in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|--|
| Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details. | \$28.10 | \$42.20 |
| Deductible | \$226 | This is the 2023 cost sharing amount and may change for 2024, except for insulin furnished through an item of durable medical equipment. Signature Advantage Plan (HMO ISNP) will provide the updated rate as soon as they are released. |
| 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 2.2 for details.) | \$8,300 | \$8,850 |
| Doctor office visits | Primary care visits: 0% - 20% per visit 0% cost sharing for each Nurse Practitioner visit performed at the nursing facility. 20% cost sharing for each Nurse Practitioner | Primary care visits: 0% - 20% per visit 0% cost sharing for each Nurse Practitioner visit performed at the nursing facility. 20% cost sharing for each Nurse Practitioner visit |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| | <p>visit performed outside the nursing facility.</p> <p>Specialist visits: 20% per visit</p> | <p>performed outside the nursing facility.</p> <p>Specialist visits: 20% per visit</p> |
| Inpatient hospital stays | <p>You pay a \$1,600 deductible for days 1-60 of each benefit period.</p> <p>You pay a \$400 coinsurance per day for days 61-90 of each benefit period.</p> <p>You pay a \$800 coinsurance per lifetime reserve day after day 90 for each benefit period up to 60 days over your lifetime.</p> | <p>This is the 2023 cost sharing amount and may change for 2024. Signature Advantage Plan (HMO ISNP) will provide the updated rate as soon as they are released.</p> |
| Part D prescription drug coverage (See Section 2.5 for details.) | <p>Deductible: \$505, except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% <p>You pay \$35 per month supply of each covered insulin</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. | <p>Deductible: \$545, except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% <p>You pay \$35 per month supply of each covered insulin</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Signature Advantage Plan in 2024

If you do nothing by December 7, 2023, we will automatically enroll you in our Signature Advantage Plan. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Signature Advantage Plan. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$28.10 | \$42.20 |

- 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 2.2 – Changes to Your Maximum Out-of-Pocket Amount

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|--|
| Maximum out-of-pocket amount | \$8,300 | \$8,850 |
| Your costs for covered medical services (such as copays and deductibles) 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. | | Once you have paid \$8,850 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 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.signatureadvantageplan.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

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

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

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2023 (this year) | 2024 (next year) |
|---------------------------------|--|--|
| Urgently Needed Services | You pay a maximum copayment amount of \$60 | You pay a maximum copayment amount of \$55 |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| Podiatry Services | You can receive 6 routine foot care visits. | You can receive 12 routine foot care visits. |
| Over-the-Counter (OTC) Items | You receive \$150 towards OTC items per quarter. Unused benefit is carried forward for the next period but not for next plan year. | You receive \$300 towards OTC items per quarter. Unused benefit is carried forward for the remainder of the year, expiring at the end of the year. |
| Home-Based Palliative Care | Coverage is limited to 90 calendar days of services in a 12-month period that begins the first day Supportive Care services are provided. | Coverage is limited to 180 calendar days of services in a 12-month period that begins the first day Supportive Care services are provided |
| Medicare Part B Rx Drugs and Home Infusion Drugs | <p>You pay a 20% coinsurance for Medicare-covered Medicare Part B Chemotherapy/Radiation Drugs</p> <p>You pay a 20% coinsurance for other Medicare Part B Drugs</p> | <p>You pay a 0% - 20% coinsurance for Medicare-covered Medicare Part B Chemotherapy/Radiation Drugs</p> <p>You pay a 0% - 20% coinsurance for other Medicare Part B Drugs</p> |
| Eyewear | You receive \$225 towards Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames; Upgrades | You receive \$275 towards Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames; Upgrades |
| Hearing Aids | The maximum benefit coverage amount is \$2,000 | The maximum benefit coverage amount is \$4,000 |

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

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

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

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact 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 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 | 2023 (this year) | 2024 (next year) |
|--|--------------------------|--------------------------|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> | The deductible is \$505. | The deductible is \$545. |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|---|--|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: You pay 25% of the total cost.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: You pay 25% of the total cost.</p> |
| <p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30-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, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> | <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage). <i>OR</i> you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> | <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage). <i>OR</i> you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> |

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

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

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

SECTION 3 Administrative Changes

| Description | 2023 (this year) | 2024 (next year) |
|--|--|---|
| Referral required for Outpatient Diagnostic Procedures/Test/Lab Services | No Referral required for services performed outside the nursing facility only | Yes Referral required for services performed outside the nursing facility only |

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Signature Advantage Plan

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 Signature Advantage Plan.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 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 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Signature Advantage, LLC (Signature Advantage 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 Signature Advantage Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Signature Advantage Plan.
- 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 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

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

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

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

drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 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 Kentucky, the SHIP is called Kentucky State Health Insurance Program. In Tennessee, the SHIP is called TN SHIP

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Kentucky State Health Insurance Program *and* TN 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 Kentucky State Health Insurance Program at 877-293-7447 and TN SHIP at 877-801-0044. You can learn more about Kentucky State Health Insurance Program by visiting their website <https://chfs.ky.gov/agencies/dail/Pages/ship.aspx> and TN SHIP by visiting their website at <http://www.tnmedicarehelp.com/>.

SECTION 7 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.** Kentucky and Tennessee have programs 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 Kentucky and Tennessee ADAP programs. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call:

- For Kentucky, call 866-510-0005
- For Tennessee, call 615-741-7500 or 800-525-2437

SECTION 8 Questions?

Section 8.1 – Getting Help from Signature Advantage Plan

Questions? We're here to help. Please call Member Services at 1-844-214-8633. (TTY only, call 711). We are available for phone calls from October 1st to March 31st, hours are 8:00 am to 8:00 pm 7 days a week (excluding Thanksgiving and Christmas), from April 1st to September 30th, hours are 8:00 am to 8:00 pm Monday through Friday (excluding federal holidays). Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Signature Advantage Plan. 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.signatureadvantageplan.com. 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.signatureadvantageplan.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 8.2 – 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 2024*

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