



Great Plains Medicare Advantage Gold (HMO I-SNP)
offered by
Good Samaritan Insurance Plan of South Dakota, Inc.
Annual Notice of Changes for 2023

You are currently enrolled as a member of Great Plains Medicare Advantage Gold (HMO I-SNP). 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 <https://greatplainsmedicareadvantage.com>. 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 Great Plains Medicare Advantage Gold (HMO I-SNP) plan.
- 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 Great Plains Medicare Advantage Gold (HMO I-SNP) plan.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 1-844-637-4760 for additional information. TTY users should call 1-888-279-1549. Hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30
- This document is also available in braille and in large print.
- **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 Great Plains Medicare Advantage Gold (HMO I-SNP)

- Great Plains Medicare Advantage is an HMO I-SNP with a Medicare contract. Enrollment depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Good Samaritan Insurance Plan of South Dakota, Inc. When it says “plan” or “our plan,” it means Great Plains Medicare Advantage Gold (HMO I-SNP).

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Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Great Plains Medicare Advantage Gold (HMO I-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* (See Section 2.1 for details.).	\$50	\$50
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.)	\$3,000	\$3,000
Doctor office visits	Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit	Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit
Inpatient hospital stays	\$185 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care. \$0 copay for an additional 60 lifetime reserve days.	\$185 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care. \$0 copay for an additional 60 lifetime reserve days.

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$4 copay • Drug Tier 2: \$15 copay • Drug Tier 3: \$45 copay • Drug Tier 4: \$95 copay • Drug Tier 5: 33% coinsurance 	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$4 copay • Drug Tier 2: \$15 copay • Drug Tier 3: \$45 copay • Drug Tier 4: \$95 copay • Drug Tier 5: 33% coinsurance

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Great Plains Medicare Advantage Gold (HMO I-SNP) in 2023

If you do nothing by December 7, 2022, we will automatically enroll you in our Great Plains Medicare Advantage Gold (HMO I-SNP). This means starting January 1, 2023, you will be getting your medical coverage through Great Plains Medicare Advantage Gold (HMO I-SNP). 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	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$50	\$50

- 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	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 does not count toward your maximum out-of-pocket amount.	\$3000	\$3000 Once you have paid \$3,000 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

An updated *Provider Directory* is located on our website at [GreatPlainsMedicareAdvantage.com](https://www.GreatPlainsMedicareAdvantage.com). You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*. **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 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.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) 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	2022 (this year)	2023 (next year)
Transportation (additional routine)	<p>\$0 copayment</p> <p>Routine transportation for up to 24 trips every year.</p> <p>A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location.</p>	<p>\$0 copayment</p> <p>Routine transportation for up to 32 trips per year.</p> <p>A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location</p>

Cost	2022 (this year)	2023 (next year)
Vision Care	<p>You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p>Allowance of up to \$275 every year.</p>	<p><i>Clarifying</i> - \$275 limit for eyeglasses (lenses and frames) every year.</p> <ul style="list-style-type: none"> • \$0 copayment for one routine eye exam every year. • \$275 limit for eyeglasses (lenses and frames) every year. • Eyeglass lenses (single vision, lined bifocal, lined trifocal and lenticular) are covered in full. \$275 frame allowance is provided. • Standard progressives are covered in full. <p>\$100 limit to cover fitting evaluation and 1 pair of contact lenses every year in lieu of eyeglasses (lenses and frames)</p>

Cost	2022 (this year)	2023 (next year)
Dental Services	<p>\$0 copayment for: 2 Oral Exams every year; 2 Prophylaxis (Cleanings) every year; 2 Dental X-rays every year</p> <p>A maximum amount of \$2000 towards comprehensive services to be divided out between a set of dentures and other comprehensive dental services.</p> <p>A \$500 limit per year may be used towards non-routine services, diagnostic services, restorative services, endodontics, periodontics, or extractions.</p> <p>A \$1,500 limit may be used towards services related to the provision of dentures, covering one set of dentures every two years.</p>	<p>\$0 copayment for the following <u>Preventive Dental Services</u>:</p> <ul style="list-style-type: none"> • 2 Oral Exams every year • 2 Prophylaxis (Cleanings) every year • 1 set of bitewing x-rays annually • 1 Panoramic x-ray every 5 years <p>A maximum amount of \$2,000 is to be divided out between a set of dentures and other <u>Comprehensive Dental Services</u> every year.</p> <p>A \$500 limit for the following <u>Comprehensive Dental</u> benefits:</p> <ul style="list-style-type: none"> • Non-routine services, • Diagnostic services, • Restorative services, • Endodontics, • Periodontics, • Extractions, • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services. <p>\$1,500 limit for services related to the provision of dentures, covering one set of dentures every two years.</p>

Cost	2022 (this year)	2023 (next year)
Skilled Nursing Facility (SNF) Care	<p>You pay the 2022 Original Medicare cost-sharing amounts. These are the 2021 cost-sharing amounts and may change for 2022.</p> <p>\$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.</p> <p>\$185.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.</p> <p>Traditional Medicare benefit period</p>	<p>You pay the 2023 Original Medicare cost-sharing amounts. These are the 2022 cost-sharing amounts and may change for 2023.</p> <ul style="list-style-type: none"> • Days 1-20: \$0 copayment per day • Days 21-100: Up to \$194.50 copayment per day • Days 101 and beyond: All costs <p>Original Medicare benefit period.</p> <p>Requires a qualifying 3-day inpatient hospital stay.</p>

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 have not made any changes to our Drug List for next year. However, during the year, we might make other changes that are allowed by Medicare rules. We can also 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.

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 30th, 2022, 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.)

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. 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, even if you haven’t paid your deductible.

Changes to the Deductible Stage

Stage 1	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage 2	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 (Preferred Generic): You pay \$4 per prescription</p> <p>Tier 2 (Generic): You pay \$10 per prescription</p> <p>Tier 3 (Preferred Brand): You pay \$45 per prescription</p> <p>Tier 4 (Non-Preferred Drug): You pay \$95 per prescription</p> <p>Tier 5 (Specialty Tier): You pay 33% of the total cost per prescription</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 (Preferred Generic): You pay \$4 per prescription</p> <p>Tier 2 (Generic): You pay \$10 per prescription</p> <p>Tier 3 (Preferred Brand): You pay \$45 per prescription</p> <p>Tier 4 (Non-Preferred Drug): You pay \$95 per prescription</p> <p>Tier 5 (Specialty Tier): You pay 33% of the total cost per prescription</p>

Stage 2	2022 (this year)	2023 (next year)
<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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 3 Administrative Changes

The administrative processing of dental claims is moving from internal processing to being administered through Delta Dental. The specific dental benefits changes are noted in Section 2.4 above.

Dental Benefit Administration	2022 (this year)	2023 (next year)
Dental benefit administration and claims processing	Dental benefits administration and processing performed internally.	Dental benefits administration and processing performed by Delta Dental.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Great Plains Medicare Advantage Gold (HMO I-SNP)

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 Great Plains Medicare Advantage Gold (HMO I-SNP).

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 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 6), or call Medicare (see Section 8.2).

As a reminder, Good Samaritan Insurance Plan of South Dakota, Inc. (Great Plains Medicare Advantage Gold (HMO I-SNP)), 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 Great Plains Medicare Advantage Gold (HMO I-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Great Plains Medicare Advantage Gold (HMO I-SNP).
- 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 this (phone numbers are in Section 8.1 of this booklet).
 - – *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, 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 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 South Dakota, the SHIP is called South Dakota Senior Health Information and Insurance Education (SHIINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. South Dakota Senior Health Information and Insurance Education (SHIINE) 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 South Dakota Senior Health Information and Insurance Education (SHIINE) at 1-800-536-8197. You can learn more about South Dakota Senior Health Information and Insurance Education (SHIINE) by visiting their website (<http://www.shiine.net/>)

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.** South Dakota has a program called South Dakota Rx Assistance 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 South Dakota’s AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-592-1861.

SECTION 8 Questions?

Section 8.1 – Getting Help from Great Plains Medicare Advantage Gold (HMO I-SNP)

Questions? We’re here to help. Please call Member Services at 1-844-637-4760. (TTY only, call 1-888-279-1549.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. 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 Great Plains Medicare Advantage Gold (HMO I-SNP). 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 [GreatPlainsMedicareAdvantage.com](https://www.GreatPlainsMedicareAdvantage.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 [GreatPlainsMedicareAdvantage.com](https://www.GreatPlainsMedicareAdvantage.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 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.