

Summary of 2023 Benefit Changes by Plan

Effective 1/1/2023, some plan benefits will change. The full *2023 Annual Notices of Changes (ANOCs)*, which list these changes in greater detail, and the *2023 Evidence of Coverage (EOC)* documents, which list all covered plan benefits and limitations, are available on our website at www.centersplan.com/plans. Please refer to these documents for additional information, including referral and prior authorization requirements.

If you have questions, we're here to help. Please call the Provider Hotline at 1-844-292-4211 (711 for TTY users). Representatives are available to assist you Monday through Friday, 9 am to 5 pm.

The following tables list the new 2023 Centers Plan for Healthy Living benefits changes by plan (an asterisk denotes that the cost share depends on the member's level of Extra Help).

Centers Plan for Medicare Advantage (HMO)	
Cardiac and Pulmonary Rehabilitation Services	\$20 copay for each Medicare-covered visit <i>(Authorization is required)</i>
Occupational Therapy Services	\$20 copay for each Medicare-covered visit <i>(Authorization is required.)</i>
Physician Specialist Services excluding Psychiatric Services	\$20 copay for each Medicare-covered visit
Mental Health Specialty Services	\$20 copay for each Medicare-covered individual or group session
Podiatry Services	\$20 copay for each Medicare-covered visit <i>(Authorization is required.)</i>
Other Health Care Professional Services	\$20 copay for each Medicare-covered visit <i>(Authorization is required)</i>
Psychiatric Services	\$20 copay for each Medicare-covered individual or group session
Physical Therapy and Speech-Language Pathology Services	\$20 copay for each Medicare-covered visit <i>(Authorization is required)</i>
Over-the-Counter (OTC) Items	Members may purchase up to \$55 every three months of eligible OTC items using their OTC debit card. <i>(Unused amounts cannot be carried over. List of covered items is available at www.centersplan.com.)</i>
2023 Part D Initial Coverage Limit	\$4,660

Centers Plan for Nursing Home Care (HMO I-SNP)	
Urgently Needed Services	20% coinsurance (i.e., 20% of the total cost) per visit up to a maximum of \$60.
Podiatry Services	2 routine podiatry visits every three months
Part D Deductible	\$505
Part D Cost Share	<u>GENERIC DRUGS:</u> \$0, \$1.45, \$4.15 copayment or no more than 25% coinsurance per prescription* <u>ALL OTHER DRUGS:</u> \$0, \$4.30, \$10.35 copayment or no more than 25% coinsurance per prescription*
2023 Part D Initial Coverage Limit	\$4,660

Centers Plan for Dual Coverage Care (HMO D-SNP)	
Blood Pressure Monitor (Supplemental Benefits for the Chronically Ill/SSBCI)	\$0 copayment for one blood pressure monitor per year for members who have been diagnosed with one or more chronic conditions (e.g., autoimmune disorders; cardiovascular disorders; chronic heart failure; chronic lung disorder) may be eligible , under SSBCI, to receive a blood pressure monitor to help them manage their condition. <i>(Not all members will qualify. See EOC for full list of eligible conditions.)</i>
Dental Services – Extractions	One extraction per lifetime per tooth
Over-the-Counter (OTC) Items	Members may purchase up to \$150 every month of eligible OTC items using their OTC debit card. <i>(Unused amounts cannot be carried over. List of covered items is available at www.centersplan.com.)</i>
Urgently Needed Services	20% coinsurance (i.e., 20% of the total cost) per visit, up to a maximum of \$60. If eligible for Medicare cost-sharing assistance under Medicaid, member's copay is \$0.
Part D Deductible	\$0/\$104/\$505*
Part D Cost Share	<u>GENERIC DRUGS:</u> \$0, \$1.45, \$4.15 copayment or no more than 25% coinsurance per prescription* <u>ALL OTHER DRUGS:</u> \$0, \$4.30, \$10.35 copayment or no more than 25% coinsurance per prescription*
2023 Part D Initial Coverage Limit	\$4,660

Centers Plan for Medicaid Advantage Plus (HMO D-SNP)/MAP	
Over-the-Counter (OTC) Benefit	The plan covers up to \$255 per month of certain OTC items and food items (if eligible) , on an OTC debit card. <i>(Unused amounts cannot be carried over. List of covered items is available at www.centersplan.com.)</i> Please note: The \$255 monthly OTC benefit is a combined (i.e., OTC and SSBCI benefits) monthly allowance which can also be used towards the food and produce benefit (if the member qualifies). This means that there is only one monthly allowance of \$255 for both benefits . If one does not qualify for the food and produce benefit, the \$255 monthly allowance can only be used on OTC items. <i>(Not all members will qualify for the grocery benefit. See EOC for list of eligible conditions.)</i>
Special Supplemental Benefits for the Chronically Ill/SSBCI (Food & Produce Benefit)	The plan covers up to \$255 per month for food items, including but not limited to canned foods, frozen foods and produce and certain OTC items on an OTC debit card. <i>(Not all members will qualify for this benefit. Please see above and/or www.centersplan.com for limitations & additional information.)</i>