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## ***Sentara Medicare Rx (PDP) offered by Sentara Medicare***

### **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Optima Medicare Rx (PDP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 3 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 [sentarahealthplans.com/cos](https://sentarahealthplans.com/cos). You may also call Member Services to ask us to mail you an *Evidence of Coverage* to see if other benefit or cost changes affect you.

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

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#### **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 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.
- 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](https://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

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- If you don't join another plan by December 7, 2023, you will stay in *Sentara Medicare Rx*.
  - To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with *Optima Medicare Rx*.

#### **Additional Resources**

- Please contact our Member Services number at 1-800-543-3359 for additional information. TTY users should call the Virginia Relay Service at 1-800-828-1120 or 711. Our hours are 24 hours a day, 7 days a week. This call is free.
- This information is available in large print and audio.

#### **About *Sentara Medicare Rx***

- Sentara Medicare Rx is a PDP with a Medicare contract. Enrollment in Sentara Medicare Rx depends on contract renewal. This information is not a complete description of benefits.
- When this document says “we,” “us,” or “our,” it means Sentara Medicare. When it says “plan” or “our plan,” it means Sentara Medicare Rx.

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**Annual Notice of Changes for 2024  
Table of Contents**

**Summary of Important Costs for 2024 ..... 4**

**SECTION 1 We Are Changing Our Plan Name.....5**

**SECTION 2 Changes to Benefits and Costs for Next Year ..... 6**

    Section 2.1 – Changes to the Monthly Premium..... 6

    Section 2.2 – Changes to the Pharmacy Network ..... 6

    Section 2.3 – Changes to Part D Prescription Drug Coverage ..... 6

**SECTION 3 Deciding Which Plan to Choose.....10**

    Section 3.1 – If You Want to Stay in *Sentara Medicare Rx* .....10

    Section 3.2 – If You Want to Change Plan.....10

**SECTION 4 Deadline for Changing Plans..... 11**

**SECTION 5 Programs That Offer Free Counseling about Medicare ..... 11**

**SECTION 6 Programs That Help Pay for Prescription Drugs ..... 12**

**SECTION 7 Questions?..... 12**

    Section 7.1 – Getting Help from *Sentara Medicare Rx* ..... 12

    Section 7.2 – Getting Help from Medicare ..... 13

## Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> *Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$117.85	\$127.65
<b>Part D prescription drug coverage</b> (See Section 2.3 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage, for a one-month supply: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay You pay \$35 per month supply of each covered insulin product on this tier</li> <li>• Drug Tier 2: \$10 copay You pay \$35 per month supply of each covered insulin product on this tier</li> <li>• Drug Tier 3: \$20 copay You pay \$35 per month supply of each covered insulin product on this tier</li> <li>• Drug Tier 4: \$30 copay You pay \$35 per month supply of each covered insulin product on this tier</li> <li>• Drug Tier 5: 20% coinsurance up to a maximum of \$100 You pay \$35 per month supply of each covered insulin product on this tier</li> </ul>	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage, for a one-month supply: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$10 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$20 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$30 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 20% coinsurance up to a maximum of \$100 You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>

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<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"><li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li></ul>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"><li>• During this payment stage, the plan pays the full cost for your covered Part D drugs.</li><li>• You may have cost sharing for drugs that are covered under our enhanced benefit.</li></ul>

## SECTION 1 We Are Changing our Plan Name

On January 1, 2024, our plan name will change from Optima Medicare Rx (PDP) to Sentara Medicare Rx (PDP). Members will receive a new member ID card in the mail in January 2024.

## 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	\$117.85	\$127.65
<b>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</b>		

- 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 the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at [sentarahealthplans.com/members/medicare/provider-and-pharmacy-directories](https://sentarahealthplans.com/members/medicare/provider-and-pharmacy-directories). You may also call Member Services for updated provider information or ask us to mail you a *Pharmacy Directory*. **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 pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Member Services so we may assist.

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## Section 2.3 – Changes to Part D Prescription Drug Coverage

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### 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 7 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.

Starting in 2024, we may immediately remove a brand name drug on our “Drug List” if, at the same time, we replace it with a new generic version on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic version, we may decide to keep the brand name drug on our “Drug List,” but immediately move it to a higher cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

### 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 does 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, 2023, 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)
<b>Stage 1: Yearly Deductible Stage</b>	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	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></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 4, 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>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><b>Tier 1 - Preferred Generic:</b> You pay \$0 per prescription</p> <p><b>Tier 2 - Generic:</b> You pay \$10 per prescription</p> <p><b>Tier 3 - Preferred Brand:</b> You pay \$20 per prescription</p> <p><b>Tier 4 - Non-Preferred Brand:</b> \$30 per prescription</p> <p><b>Tier 5 - Specialty Tier:</b> You pay 20% coinsurance up to a maximum of \$100</p> <p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 - Preferred Generic:</b> You pay \$0 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 2 - Generic:</b> You pay \$10 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 3 - Preferred Brand:</b> You pay \$30 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 - Non-Preferred Brand:</b> You pay \$20 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>



Stage	2023 (this year)	2024 (next year)
		<p><b>Tier 5 - Specialty Tier:</b></p> <p>20% coinsurance up to a maximum of \$100</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic 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. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If You Want to Stay in Sentara *Medicare Rx*

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan by December 7, you will automatically be enrolled in our *Sentara Medicare Rx*.

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## Section 3.2 – If You Want to Change Plans

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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 prescription drug plan,
- -- OR-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- OR-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://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, Sentara Medicare 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 prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Sentara Medicare Rx.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Sentara Medicare Rx.
  - You will automatically be disenrolled from *Sentara Medicare Rx* if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
  - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep *Sentara Medicare Rx* for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from *Sentara Medicare Rx*. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from *Sentara Medicare Rx*. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- 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 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan 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 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 5 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 Virginia, the SHIP is called the Virginia Insurance Counseling and Assistance Program (VICAP) (coordinated through the Virginia Division for the Aging).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. VICAP 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 VICAP at 1-800-552-3402 (TTY 711). You can learn more about VICAP by visiting their website ([www.vda.virginia.gov/vicap.htm](http://www.vda.virginia.gov/vicap.htm)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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 Virginia Medication Assistance Program (VA MAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-855-362-0658.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from *Sentara Medicare Rx*

Questions? We’re here to help. Please call Member Services at 1-800-543-3359. (TTY only call the Virginia Relay Service at 1-800-828-1120 or 711.) We are available for phone calls 24 hours a day, 7 days a week. 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 Sentara Medicare Savings. 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 [sentarahealthplans.com/members/medicare/documents-and-forms](https://sentarahealthplans.com/members/medicare/documents-and-forms). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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**Visit our Website**

You can also visit our website at [sentarahealthplans.com/members/medicare](https://sentarahealthplans.com/members/medicare). As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

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**Section 7.2 – Getting Help from Medicare**

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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](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

**Read *Medicare & You 2023***

Read the *Medicare & You 2023* 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 ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](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.