

Johns Hopkins Advantage MD D-SNP (HMO) offered by Johns Hopkins Advantage MD

Annual Notice of Changes for 2023

You are currently enrolled as a member of Johns Hopkins Advantage MD D-SNP. 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.hopkinsmedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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 Johns Hopkins Advantage MD D-SNP.
- 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 Johns Hopkins Advantage MD D-SNP.
- Look in section 2, page 18 to learn more about your choices.
- 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 Customer Service number at 1-877-293-4998 for additional information. (TTY users should call 711.) Hours are October 1 through March 31: Monday through Sunday, 8:00 a.m. to 8:00 p.m.; April 1 through September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m.
- This material is also available in alternate formats (e.g., braille, large print, audio). Contact Customer Service to request this material in an alternate format.
- **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 Johns Hopkins Advantage MD D-SNP

- Johns Hopkins Advantage MD is a Medicare Advantage plan with a Medicare contract offering HMO and PPO products. Enrollment in Johns Hopkins Advantage MD depends on contract renewal. The plan also has a written agreement with the Maryland Medicaid program to coordinate your Maryland Department of Health (Medicaid) benefits.
- When this document says "we," "us," or "our," it means Johns Hopkins Advantage MD. When it says "plan" or "our plan," it means Johns Hopkins Advantage MD D-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 Johns Hopkins Advantage MD D-SNP 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 than this amount. See Section 1.1 for details.	\$0	\$0
Doctor office visits	Primary care visits: You pay nothing per visit Specialist visits: You pay nothing per visit	Primary care visits: You pay nothing per visit Specialist visits: You pay nothing per visit
Inpatient hospital stays	You pay nothing for a Medicare-covered inpatient hospital stay for up to 90 days.	You pay nothing for a Medicare-covered inpatient hospital stay for up to 90 days.

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$480</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic \$0 • Drug Tier 2: Generic 25% or <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either: \$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: All Formulary Drugs For generic drugs (including brand drugs treated as a generic), you pay either: <p>\$0, \$1.45, \$4.15 or 15%*</p> <p>For all other drugs, you pay either: \$0, \$4.30, \$10.35 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (continued)</p>	<ul style="list-style-type: none"> <p>• Drug Tier 3: Preferred Brand 25% or</p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either: \$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p> <p>• Drug Tier 4: Non-Preferred Drug 25% or</p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either: \$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p> 	

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (continued)</p>	<ul style="list-style-type: none"> • Drug Tier 5: Specialty Tier 25% or <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either: \$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p>	
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$7,550</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,300</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

SECTION 1 Changes to Benefits and Costs 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 unless it is paid for you by Maryland Department of Health (Medicaid).)	\$0	\$0 There is no change for the upcoming benefit year.

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 Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Maryland Department of Health (Medicaid), very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$7,550	\$8,300 Once you have paid \$8,300 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 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.hopkinsmedicare.com. You may also call Customer Service 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 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 *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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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)
Chiropractic Services (Non-Medicare-covered)	Non-Medicare-covered routine chiropractic care is <u>not</u> covered.	You pay nothing for non-Medicare-covered routine chiropractic care (12 routine chiropractic visits per year).

Cost	2022 (this year)	2023 (next year)
<p>Dental Services (Non-Medicare-covered Comprehensive)</p>	<p>Restorative Services: You pay nothing.</p> <p>Extractions: You pay nothing.</p> <p>Endodontics: You pay nothing.</p> <p>Periodontics: You pay nothing.</p> <p>Prosthodontics – Other Oral/Maxillofacial Surgery – Other Services: You pay nothing.</p> <p>The plan has a maximum coverage amount of \$500 per year for in-network non-Medicare-covered comprehensive dental services.</p>	<p>Restorative Services: You pay nothing.</p> <p>Extractions: You pay nothing.</p> <p>Endodontics: You pay nothing.</p> <p>Periodontics: You pay nothing.</p> <p>Prosthodontics – Other Oral/Maxillofacial Surgery – Other Services: You pay nothing.</p> <p>The plan has a maximum coverage amount of \$1,500 per year for in-network non-Medicare-covered comprehensive dental services.</p>
<p>Durable Medical Equipment (DME) and Related Supplies</p>	<p>Prior authorization is required for equipment or supplies exceeding \$2,500, and for all rental equipment.</p>	<p>Prior authorization may be required for equipment and supplies. Prior authorization is required for all rental equipment.</p>

Cost	2022 (this year)	2023 (next year)
<p>Hearing Aids</p>	<p>The plan pays a maximum benefit amount of \$1,000 towards the purchase of hearing aids every 24 months. You pay all costs after the \$1,000 maximum benefit amount for TruHearing-branded hearing aids.</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> • 3 provider visits within first year of hearing aid purchase • 45-day trial period • 3-year extended warranty • 48 batteries per aid included with non-rechargeable models <p>Benefit is limited to the TruHearing’s Advanced and Premium hearing aids, which come in various styles and colors. Premium hearing aids are available in rechargeable style options for an additional \$50 per aid.</p>	<p>The plan pays a maximum benefit amount of \$1,000 towards the purchase of hearing aids every 24 months. You pay all costs after the \$1,000 maximum benefit amount for TruHearing-branded hearing aids.</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> • First year of follow-up provider visits • 60-day trial period • 3-year extended warranty • 80 batteries per aid included with non-rechargeable models <p>Benefit is limited to the TruHearing’s Advanced and Premium hearing aids, which come in various styles and colors. Premium hearing aids are available in rechargeable style options for an additional \$50 per aid.</p>
<p>Hearing Exams (Non-Medicare-covered)</p>	<p>You pay nothing for each routine hearing exam (one routine hearing exam per year).</p> <p>You pay nothing for each routine hearing aid fitting/evaluation visit (Unlimited benefit).</p> <p>Our plan pays up to \$500 every three years</p>	<p>You pay nothing for each routine hearing exam (one routine hearing exam per year).</p> <p>You pay nothing for each routine hearing aid fitting/evaluation visit (Unlimited benefit).</p> <p>Our plan pays up to \$1,000 every two years</p>

Cost	2022 (this year)	2023 (next year)
Outpatient Mental Health Care	Prior authorization is <u>not</u> required.	Prior auth may be required for: Electroconvulsive therapy, transcranial magnetic stimulation.
Over-the-counter (Pharmacy)	You pay nothing for OTC items. Plan covers up to \$90 every three months. Any unused amount does not carry over to the next period.	You pay nothing for OTC items. Plan covers up to \$110 every three months. Any unused amount does not carry over to the next period.
Podiatry Services (Non-Medicare-covered)	Non-Medicare-covered routine foot care visits are <u>not</u> covered.	You pay nothing for each routine foot care visit (12 routine podiatry visits per year). No plan coverage limit.
Prosthetic Devices	Prior authorization required for equipment or supplies exceeding \$2,500.	Prior authorization may be required for equipment and supplies.
Telehealth Services	Additional Medicare-covered telehealth services are <u>not</u> covered.	You pay nothing for additional Medicare-covered telehealth services.
Transportation Services	You pay nothing for up to 12 round trip non-emergent trips to any health-related service and/or location per year.	You pay nothing for up to 24 one-way non-emergent trips to any health-related service and/or location per year.

Cost	2022 (this year)	2023 (next year)
Vision Care (Non-Medicare-covered Eyewear)	You pay nothing for eyeglass lenses (Unlimited benefit). You pay nothing for eyeglass frames (Unlimited benefit). You pay nothing for contact lenses (Unlimited benefit). Our plan pays up to \$150 every two years for supplemental eyewear (retail or online) from any provider.	You pay nothing for eyeglass lenses (Unlimited benefit). You pay nothing for eyeglass frames (Unlimited benefit). You pay nothing for contact lenses (Unlimited benefit). Our plan pays up to \$400 every two years for supplemental eyewear (retail or online) from any provider.

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 provided electronically.

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 Customer Service for more information.

Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you.

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. Call Customer Service 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.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	The deductible is \$480.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>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.</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 \$0.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 – All Formulary Drugs: For generic drugs (including brand drugs treated as a generic), you pay either: \$0, \$1.45, \$4.15 or 15%* For all other drugs, you pay either: \$0, \$4.30, \$10.35 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p>

Stage	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.</p> <p>For information about the costs for a long-term supply 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>Tier 2 – Generic:</p> <p>You pay 25% or</p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either:</p> <p>\$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p> <p>Tier 3 – Preferred Brand:</p> <p>You pay 25% or</p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either:</p> <p>\$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p>	

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Tier 4 – Non-Preferred Drug: You pay 25% or</p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either: \$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p> <p>Tier 5 – Specialty Tier: You pay 25% or</p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.35, \$3.95 or 15%*</p> <p>For all other drugs, you pay either: \$0, \$4.00, \$9.85 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Johns Hopkins Advantage MD D-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 Johns Hopkins Advantage MD D-SNP.

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 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.

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, Johns Hopkins Advantage MD 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 Johns Hopkins Advantage MD D-SNP.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Johns Hopkins Advantage MD D-SNP.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

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 Maryland Department of Health (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 and Maryland Department of Health (Medicaid)

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Maryland, the SHIP is called Senior Health Insurance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Program 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 Senior Health Insurance Program at 410-767-1100 or 1-800-243-3425. You can learn more about Senior Health Insurance Program by visiting their website (<https://aging.maryland.gov/Pages/state-health-insurance-program.aspx>).

For questions about your Maryland Department of Health (Medicaid) benefits, contact Maryland Department of Health (Medicaid) at 1-410-767-6500 or 1-800-492-5231. TTY users should call 711. Hours of operation: Monday to Friday 8:00 a.m. to 5:00 p.m. For information on Maryland Department of Health (Medicaid) as a Dual Eligible please contact your local State Department of Social Services office at:

Anne Arundel County DSS

80 West Street
Annapolis, Maryland 21401

(District Court Building)
7500 Ritchie Highway
Glen Burnie, MD 21061
Phone: 410-269-4500
Fax: 410-974-8566
Email Address: aacounty.dhs@maryland.gov

Howard County DSS

9780 Patuxent Woods Drive
Columbia, Maryland 21046
Phone: 410-872-8700
Email Address: howco.dss@maryland.gov
Hours of Operation: Monday – Friday 8:00 a.m.- 4:30 p.m.
1st & 3rd Tuesday of each month, 8:00 am until 7:00 pm

Montgomery County DSS

Main Office (No Public Service)
401 Hungerford Drive, 5th Floor
Rockville, Maryland 20850

DHHS Silver Spring Center

8818 Georgia Ave.
Silver Spring, MD 20910

DHHS Offices

1401 Rockville Pike
Rockville, MD 20852

Mid-County DHHS Building

1301 Piccard Drive
Rockville, MD 20850

Upcounty Regional Services Center

2nd Floor, 12900 Middlebrook Rd.
Germantown, MD 20874
Phone: 240-777-4513
Fax: 240-777-1494
TTY: Use MD Relay 711

Ask how joining another plan or returning to Original Medicare affects how you get your Maryland Department of Health (Medicaid) coverage.

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.** Because you have Maryland Department of Health (Medicaid), you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, 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 Maryland Department of Health (Medicaid) Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Maryland has a program called Maryland Senior Prescription Drug Assistance Program 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 Maryland AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call

Maryland AIDS Drug Assistance Program (ADAP)
Prevention and Health Promotion Administration
500 N. Calvert St, 5th Floor
Baltimore, MD 21202
1-410-767-6535 or 1-800-205-6308 phone
1-410-333-2608 fax

SECTION 6 Questions?

Section 6.1 – Getting Help from Johns Hopkins Advantage MD D-SNP

Questions? We're here to help. Please call Customer Service at 1-877-293-4998. (TTY only, call 711.) We are available for phone calls October 1 through March 31: Monday through Sunday, 8:00 a.m. to 8:00 p.m.; April 1 through September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m.

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 Johns Hopkins Advantage MD D-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 www.hopkinsmedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.hopkinsmedicare.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 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 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.

**Section 6.3 – Getting Help from Maryland Department of Health
(Medicaid)**

To get information from Medicaid you can call Maryland Department of Health (Medicaid) at 1-410-767-6500 or 1-800-492-5231. TTY users should call 711.