



Sonder Health Plans

Atlanta GA, 2023

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Medicare Advantage Sales Presentation 2023

We're glad you're here.

Who Am I?

- I am a licensed and certified Sonder Health plan representative.
- I do not represent the government, Medicare or Medicaid.
- I may receive compensation as a result of any enrollments



Get help choosing a plan that's right for you.

Selecting a Medicare plan can be complicated, but I'm here to help. This easy-to-follow presentation explains Medicare in simple language. It covers everything you need to make a good decision about your Medicare coverage and to enroll in a plan. It also explains how a Sonder Medicare Advantage plan goes beyond the basics so you can live a better, healthier life.



Who is Sonder Health Plans?

About Us



Our mission is to improve the overall health and well-being of our members. Making healthcare simple, personal and affordable by delivering on our commitments.



We are based and built in Atlanta. We call Atlanta our home and the people of Atlanta our neighbors. We are Georgians helping Georgians.



Our values are integrity, compassion, community partnerships and inclusion.

What is *Medicare*?

Medicare is a program administered and regulated by the Centers for Medicare & Medicaid Services (CMS).

You are eligible for Medicare if you are:

- A citizen or permanent resident of the United States
- Age 65 or older
- Under 65 with certain disabilities
- Any age with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also called Lou Gehrig's disease)



What are the parts of *Medicare?*

Part A: Hospital Insurance

Part A covers inpatient care, a skilled nursing facility, hospice and some home healthcare. You will have out-of-pocket costs for your hospital stay, such as deductibles and coinsurance.

Part B: Medical Insurance

Part B helps with the costs of doctor visits, outpatient services and some preventive services. With Part B, there are additional costs, such as a monthly premium, annual deductible and coinsurance you have to pay. Parts A and B together are called Original Medicare.

Part D: Prescription Drug Coverage

Part D helps cover the cost of prescription drugs. To receive drug coverage, you have to purchase a Prescription Drug Plan (PDP) to add to your Original Medicare or enroll in a Medicare Advantage plan with Part D prescription drug coverage (MAPD).

A

B

D

C

Part C: Medicare Advantage

By joining a Medicare Advantage plan, you get Part A and Part B (and usually Part D) coverage to support your total health and well-being in one plan.

Many of these plans offer extras not found in Original Medicare, such as dental, vision, hearing and gym membership.

Medicare Advantage plans have predictable costs with set co-pays and out-of-pocket cost limits. Sonder offers different kinds of Medicare Advantage plans. We explain them on the next slide.

Original vs. *Other Medicare Options*

Stack up your advantages. See what you get with each Medicare option.

What's Covered	Original Medicare	Medicare Supplement	Medicare Advantage
Healthy Extras	Not Included	Not Included	✓
Prescriptions	Not Included	Not Included	✓
Gap Coverage	Not Included	✓	✓
Medical	✓	Covered by Original Medicare	✓
Hospital	✓	Covered by Original Medicare	✓

How Does *Part D Coverage Work?*

Medicare Drug Plans: Four Coverage Periods

1. Deductible Period

You are responsible for full cost until you have reached your deductible. The maximum Part D deductible is \$445.

2. Initial Coverage Period

Once you meet your deductible – you will pay a coinsurance, or copayment, for each medication. The coinsurance amount is based on the tier level of your medication.

3. Donut Hole

When both you and your plan together have spent \$4,130 (not including premiums), you enter the coverage gap. You will now pay: 25% for brand name and generic drugs.

4. Catastrophic Coverage

When your true out-of-pocket has reached \$6,500 for the year (the manufacturers 70% + your 25%), you enter catastrophic coverage.

- You will pay \$9.20 for brand drugs or \$3.70 for generics (or 5% of retail costs, whichever is higher)
- Your Plan will pay 15%
- Medicare will pay 80%

What is *Extra Help*?

Extra Help is a Medicare program that helps people who have limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles and coinsurance.

- You may qualify for Extra Help/Low Income Subsidy (LIS) to help pay for your Medicare Part D prescription drug premiums and costs.
- Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Additionally, those who qualify will not be subject to the coverage gap or late enrollment penalty.

To see if you qualify for Extra Help, contact:

- Your State Medicaid office.
- Medicare at 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048, 24hrs a day, 7 days a week.
- The Social Security Administration at 1-800-325-0778.



What is the Part D Late Enrollment Penalty (LEP)?

If you decide not to join a Medicare drug plan when you're first eligible, your monthly plan premium may be higher when you do enroll in a Part D plan if:

- You don't have other creditable prescription drug coverage or receive Extra Help/Low Income Subsidy, or you have a break in creditable coverage of 63 days or more.
- The cost of the LEP depends on how long you went without Part D or creditable prescription drug coverage.

Creditable coverage refers to the drug coverage that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage from a current or former employer or union, TRICARE, or the Department of Veteran's Affairs (VA).

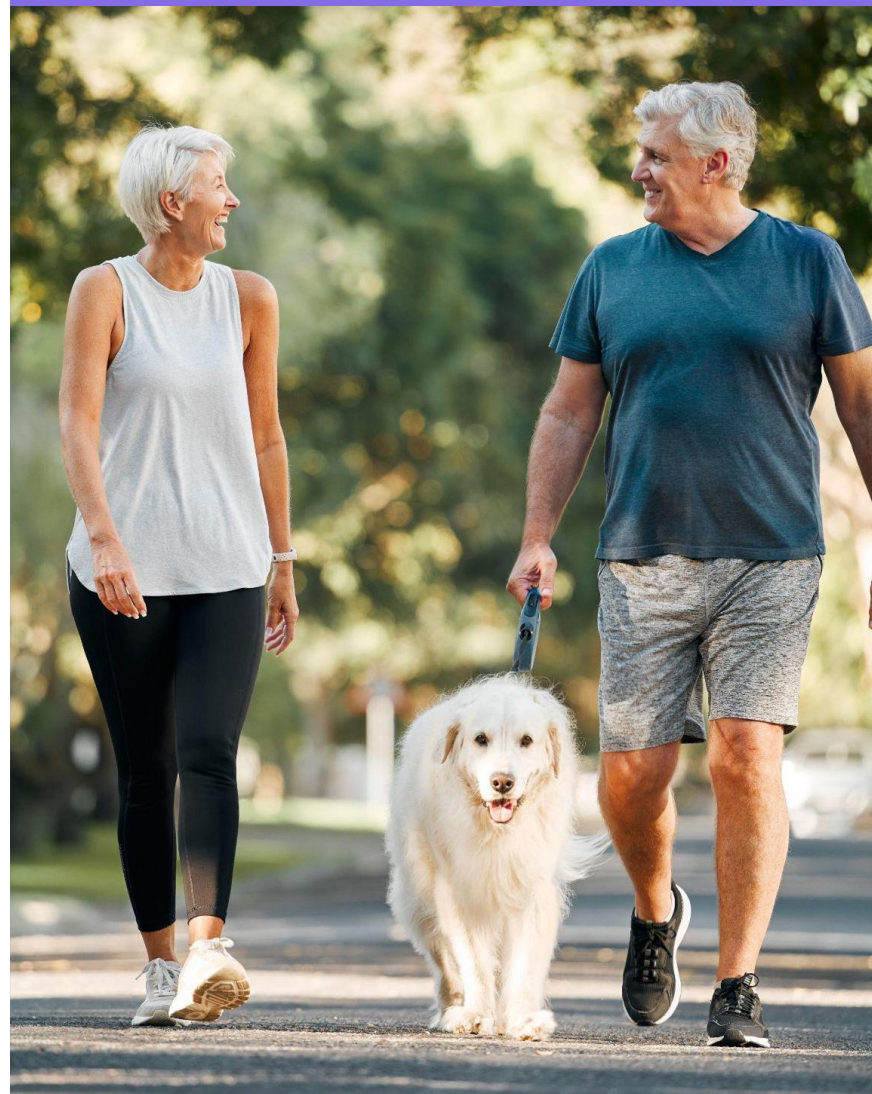
Are you *Eligible to Enroll?*

If you:

- Are entitled to Medicare Part A and enrolled in Medicare Part B (you must continue to pay your Medicare Part B premium)
- Are a U.S. citizen or lawfully present in the United States
- Live in the plan's service area for at least 6 months per year

You are eligible to enroll in a Sonder Health Plans Medicare Advantage plan!

Note: Additional eligibility requirements may apply to Chronic Conditions Special Needs Plans (C-SNP) and Dual Eligible Special Needs Plans (D-SNP), where available .



When Can You *Enroll?*

Medicare Enrollment Periods

Oct 15 – Dec 7

Annual Enrollment Period

Anyone with Medicare can make a change

Jan 1 – Mar 31

Open Enrollment Period

Anyone with Medicare Advantage can make a change

Depends on Eligibility

Initial Enrollment Period

For those aging in, IEP begins three months before your 65th birthday and ends three months after. Those not 65 will have a separate IEP.

Jan 1 – Mar 31

General Enrollment Period

Anyone who missed their IEP can enroll. Must wait until April 1 – June 30 for Medicare Advantage or Drug plan.

Depends on Eligibility

Special Enrollment Period

Timing depends on eligibility.



Why Choose a *Health Maintenance Organization (HMO) ?*



HMO plans coordinate care to assure your health coverage needs are met.



You have the freedom to choose a primary care provider (PCP) in our network who will coordinate your care.



You will need to use providers in the plan's network for your care, except in emergencies. If you obtain routine care from out-of-network providers, you will be responsible for the costs.



You may need to get a referral from your primary care provider to see a specialist. Also, some covered services may require prior authorization.



Special Needs Plans are designed to provide focused and specialized health care for specific groups of people.



All D-SNPs include medical and Part D coverage (MAPD).



D-SNPs are designed specifically for people with both Medicare and Medicaid.



These plans are available to anyone who has both Medicaid and Medicare.

A photograph of a man and a woman hiking in a field, overlaid with a purple gradient. The man is on the left, wearing a plaid shirt and a backpack, and the woman is on the right, wearing a striped sweater and a jacket, also with a backpack. They are both smiling and looking towards the right.

Why Choose a *Health Maintenance Organization (HMO)* ?



Pharmacy *Network*

Members on our Medicare Advantage Plans (MAPD) can fill prescriptions at any of the plan's network pharmacies. You are not required to use the same pharmacy every time you fill a prescription.

The plan has a national pharmacy network that includes over 2,000 pharmacies in Georgia.

You will receive a notice of how to obtain a plan Provider & Pharmacy Directory in your post-enrollment packet. You may also view a list of available network pharmacies online at the plan's website.

For certain kinds of drugs, you can use the plan's mail-order services through Elixir.

Understanding Your *Formulary*

Transition Fill: New plan members receiving a non-formulary drug(s) or a drug requiring prior authorization, or existing members whose drug coverage has changed from one plan year to the next plan, will receive a one time 30-day transition supply of their non-formulary or restricted drug.

Exceptions: You may request a tier exception, waiver of restriction or limitation on your drug, or coverage of a non-formulary drug. You or your prescriber would contact the plan to request an exception.

Prior Authorization (PA): Some drugs require PA for coverage, effectiveness, or safety reasons. You or your prescriber would request approval in advance from the plan for these drugs to be covered.

Quantity Limits (QL): For certain drugs, there are limits on the amount of medication that you can get at a time.

Step Therapy (ST): In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.



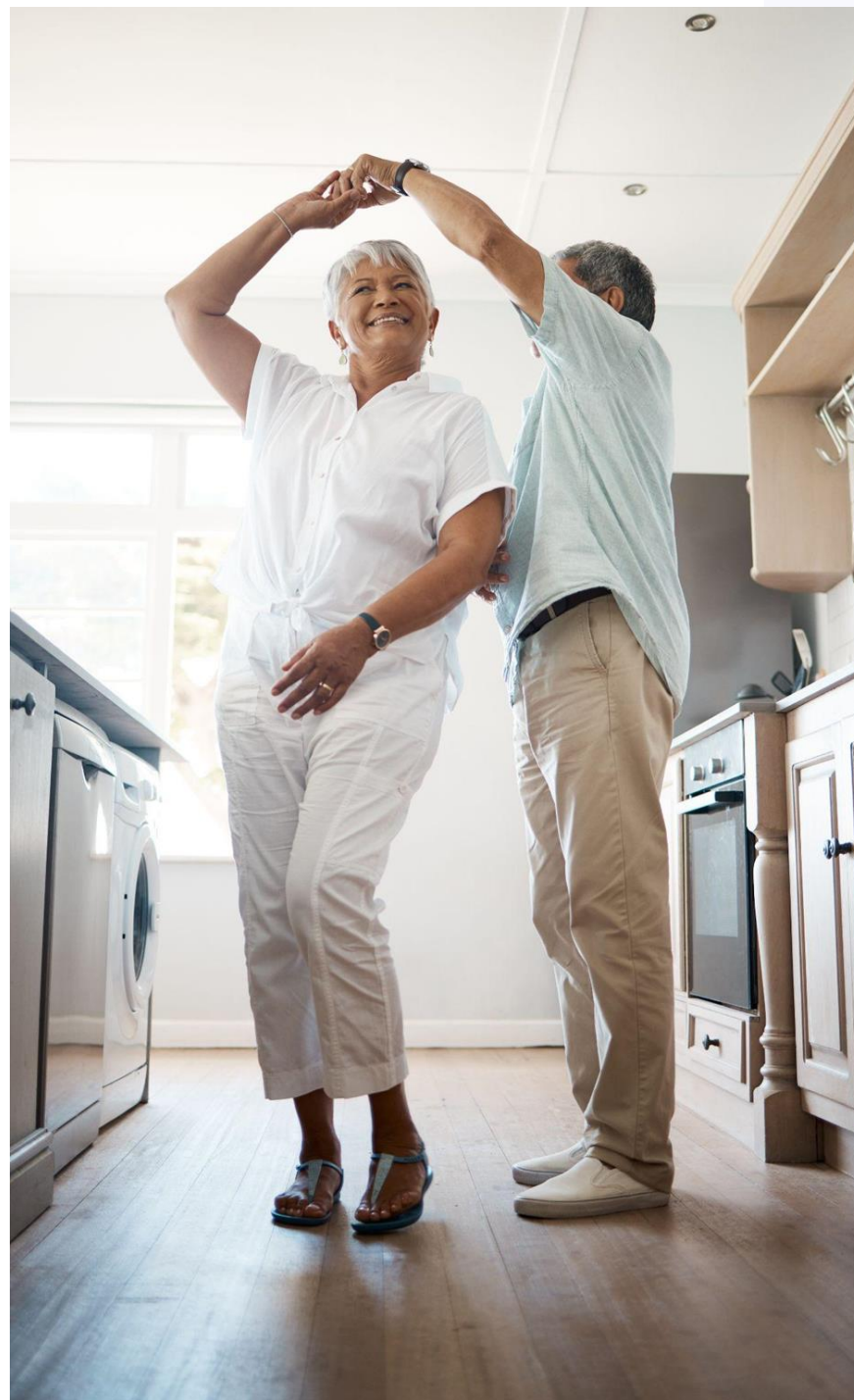
Understanding Your *Health Care Costs*

Plan Premium: If applicable, the monthly payment you make to the health plan for coverage.

Annual Deductible: If applicable, the amount you must pay for health care and/or prescriptions before your health plan begins to pay.

Copayment: A fixed dollar amount you pay as your share of the cost when accessing services.

Coinsurance: A percentage amount you pay as your share of the cost when accessing services.



Dedicated team locally here in Georgia, serving other Georgians

Predictable coverage for many popular services

Access to our network of providers

Comprehensive Formulary covering frequently utilized prescription drugs

Competitive plans featuring coverage for additional benefits. Plans may include:

- Grocery card membership
- Over-the-counter drugs
- Dental allowance
- Gym membership
- Routine vision
- Routine chiropractic care
- Dental care
- Over-the-counter drug coverage

Why Choose Us?



What to Expect *After You Enroll*

As a new member, you will receive:

- **Enrollment Confirmation Letter:** Confirms that Medicare has approved your enrollment and that you are covered by the plan.
- **Post-Enrollment Packet:** Includes your Evidence of Coverage, a notice of how to obtain directories, and a Formulary (if applicable).
- **Member ID Card:** Use your Sonder Health Plans card when accessing plan covered services rather than your Medicare card.
- The selected network Primary Care Provider coordinates all care including referrals and authorizations.
- Refer to covered drug list (called a formulary) for information about limitations such as prior authorizations, step therapy, and quantity limits. Refer to the provider and pharmacy directories to identify where to access services and benefits.



What to Expect After You Enroll

Annual Wellness Visit: As soon as you receive your ID card, we encourage you to call your primary care provider (PCP) to schedule this important visit.

Health Risk Assessment (HRA)

Questionnaire: After enrollment, you will receive a call from a plan representative who will assist you to complete the HRA questionnaire. (If you cannot complete the questionnaire over the phone, it will be mailed to you.)

- The HRA asks questions that help your plan learn about your specific health-related needs and concerns.
- Completing the HRA allows your plan to work with you and your primary care provider to better meet your health care needs and keep you as healthy as possible.
- Your answers will not affect your health insurance benefits, costs, or membership in any way.



Thank You for the Opportunity!

We look forward to welcoming you
to the Sonder family!

Atlanta GA, 2023