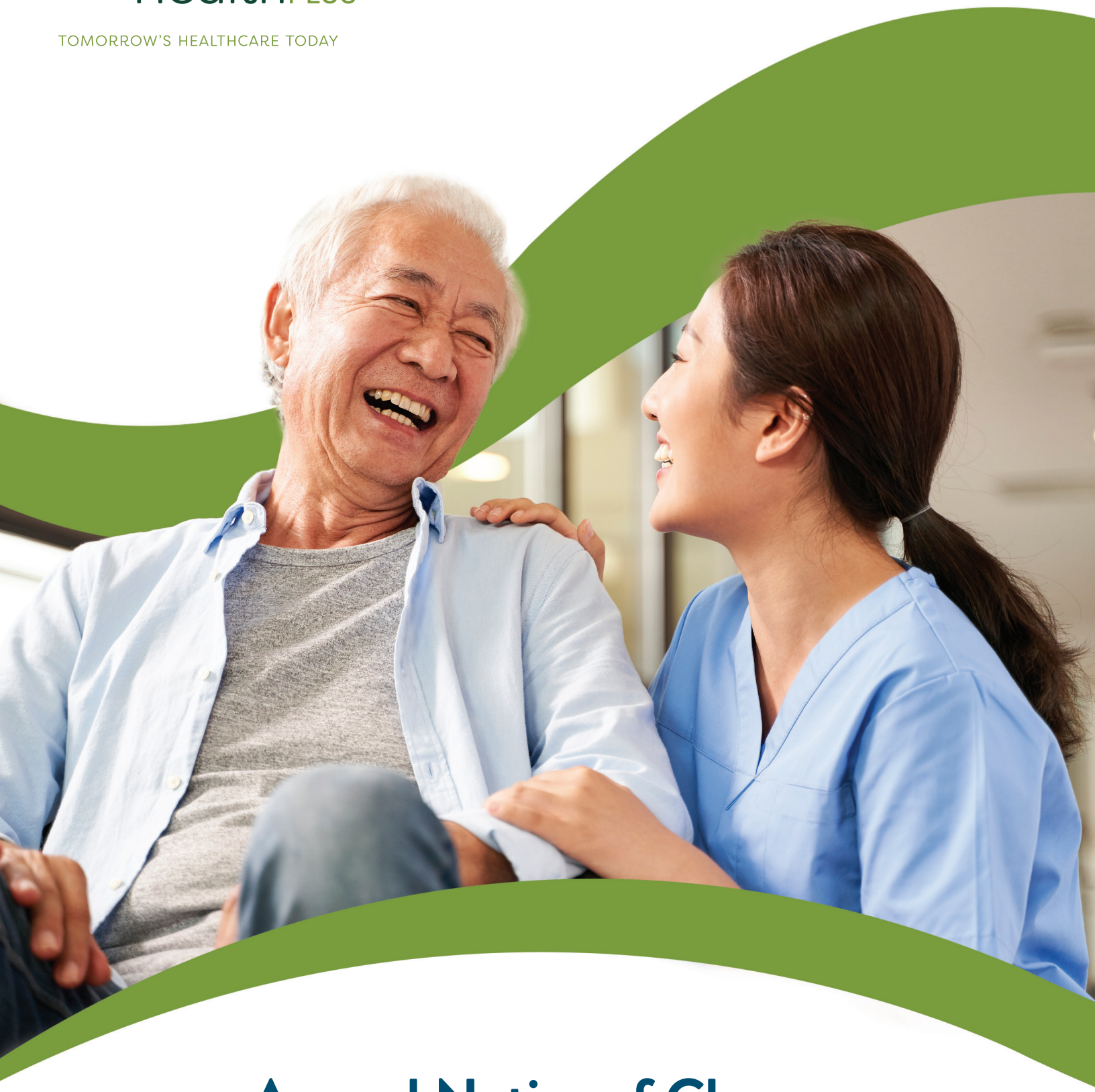
Nascentia Health PLUS

TOMORROW'S HEALTHCARE TODAY



Annual Notice of Change

Nascentia Skilled Nursing Facility 2022 (HMO I-SNP Plan 002)

H9066_00222ANOC_M

Nascentia Skilled Nursing Facility (ISNP) offered by Nascentia Health Plus

Annual Notice of Changes for 2022

You are currently enrolled as a member of Nascentia Skilled Nursing Facility. Next year, there will be some changes to the plan's costs and benefits. This booklet outlines the changes.

- **You have from October 15th until December 7th 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.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 2.1 and 2.5 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2022 Drug List and look in Section 2.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit *go.medicare.gov/drugprices* and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

OMB Approval 0938-1051 (Expires: February 29, 2024)

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 2.3 for information about our Provider Directory.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ 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 personalized search feature on the Medicare Plan Finder at *www.medicare.gov/plan-compare* website.
- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in Section 3.2 to learn more about your choices.

☐ 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, 2021, you will be enrolled in Nascentia Skilled Nursing Facility.
- To change to a **different plan** that may better meet your needs, 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 1-888-477-4663 for additional information (TTY users should call 711). Hours are 8:00 am-8:00 pm, 7 days a week, October 1st -March 31st. On weekends and certain holidays from April 1st to September 30th, your call may be handled by our automated phone system.
- Our plan has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in Braille, in large print, or other alternate formats at no cost. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services at 1-888-477-4663 (phone numbers

are also printed on the back cover of this booklet). **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 Nascentia Skilled Nursing Facility

- Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-4663 (TTY users should call 711), 7 days a week between 8am-8pm from October 1st-March 31st, and Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at the number above. This information is not a complete description of benefits. Contact the plan for more information.
- When this booklet says "we," "us," or "our," it means Nascentia Health Plus. When it says "plan" or "our plan," it means Nascentia Skilled Nursing Facility.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Nascentia Skilled Nursing Facility in several important areas. **Please note this is only a summary of changes**. A copy of the Evidence of Coverage is located on our website at *www.nascentiahealthplus.org*. You may also call Member Services at 1-877-477-4663 to ask us to mail you an Evidence of Coverage.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$42.30	$42.40
Deductible	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$7,550	$4,000
If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.	$0	$0

Cost	2021 (this year)	2022 (next year)
Doctor office visits	Primary care visits: 0% to 20% coinsurance per visit Specialist visits: 0% to 20% coinsurance per visit	Primary care visits: 0% to 20% coinsurance per visit Specialist visits: 0% to 20% coinsurance per visit
If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.	$0	$0

Cost	2021 (this year)	2022 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	You pay the original Medicare cost sharing amounts. $1,484 deductible for each benefit period. $0 copay days 1-60 $371/day copay for days 61-90 $742/day copay for days 91-150	You pay the original Medicare cost sharing amounts. $1,556 deductible for each benefit period. $0 copay days 1-60 $389/day copay for days 61-90 $778/day copay for days 91-150
If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.	$0	$0

Cost	2021 (this year)	2022 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $445 Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% Depending on your level of “Extra “Help” you may be eligible for the subsidized copayments listed below: For generic drugs (including brand drugs treated as generic), either: $0 copay; or $1.30 copay; or $3.70 copay; or 15% For all other drugs, either $0 copay; or $4.00 copay; or $9.20 copay; or 15%	Deductible: $480 Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% Depending on your level of “Extra “Help” you may be eligible for the subsidized copayments listed below: For generic drugs (including brand drugs treated as generic), either: $0 copay; or $1.35 copay; or $3.95 copay; or 15% For all other drugs, either $0 copay; or $4.00 copay; or $9.85 copay; or 15%

Annual Notice of Changes for 2022
Table of Contents

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Nascentia Skilled Nursing Facility in 2022

If you do nothing to change your Medicare coverage by December 7, 2021, we will automatically enroll you in our Nascentia Skilled Nursing Facility. This means starting January 1, 2022, you will be getting your medical and prescription drug coverage through Nascentia Skilled Nursing Facility. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15th and December 7th. If you are eligible for "Extra Help," you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Nascentia Skilled Nursing Facility and the benefits you will have on January 1, 2022, as a member of Nascentia Skilled Nursing Facility.

SECTION 2 Changes to Benefit and Cost for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium You must also continue to pay your Medicare Part B premium.	$42.30	$42.40

- 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

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during 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	2021 (this year)	2022 (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 and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$7,550 Once you have paid $7,550 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.	$4,000 Once you have paid $4,000 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.
If you are eligible for Medicare cost-sharing assistance under Medicaid, 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	$0	$0

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.nascentiahealthplus.org. You may also call Member Services at 1-877-477-4663 for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2022 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 also make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least a 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4 – 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 *www.nascentiahealthplus.org*. You may also call Member Services at 1-877-477-4663 for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2022 Pharmacy Directory to see which pharmacies are in our network**.

Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Medical Benefits Chart (what is covered and what you pay), in your 2022 Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at *www.nascentiahealthplus.org*. Select the "For Members" tab and choose "Member Documents". You may also call member services at 1-877-477-4663 to ask us to mail you an Evidence of Coverage.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.

- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Skilled Nursing Facility	You pay the original Medicare cost sharing amounts $0 copay for days 1-20 $185.50/day for days 21-100 No inpatient hospital stay required prior to admission	You pay the original Medicare cost sharing amounts $0 copay for days 1-20 $194.50/day for days 21-100 No inpatient hospital stay required prior to admission
Is there an enrollee Coinsurance?	Yes	No
Physician Specialist Services Is authorization required for in-network physicians?	Yes	No
Additional Telehealth Services Is authorization required for Additional Telehealth Services? Is a referral required for Additional Telehealth Services?	Yes Yes	No No

Cost	2021 (this year)	2022 (next year)
Hearing Exam		
Does the Plan provide a hearing exam as a supplemental benefit under Part C?	Yes	Yes
Maximum Plan Benefit coverage amount?	$1,200 yearly	$1,200 yearly
Coinsurance	Yes	No
Transportation Services		
Does the plan provide Transportation Services as a supplemental benefit under Part C?	No	Yes 24 one-way trips to a plan approved health related location yearly.
Is authorization required?		Yes
Is a referral required for Transportation Services?		No
OTC Items	$105/month	$120/quarter
Kidney Disease Education Service		
Indicate Maximum Enrollee Out-of-Pocket Cost amount:	$7,550	$4,000

Cost	2021 (this year)	2022 (next year)
Comprehensive & Preventative Dental	No	Yes
Maximum Benefit Coverage Amount	N/A	$1,000
Coinsurance	No	Yes
		2 Oral Exams, Prophylaxis (cleaning), Dental X-rays yearly
Bariatric Surgery Medicare covers some bariatric surgical procedures, like gastric bypass surgery and laparoscopic banding surgery, when you meet certain conditions related to morbid obesity.	N/A	There is no coinsurance, copayment, or deductible for Medicare-approved bariatric procedures.
Blood-based biomarker test: Medicare covers this lab test in certain cases (if available), once every 3 years. To be eligible you must meet all of these conditions: • You're between 50-85. • You show no symptoms of colorectal disease. • You're at average risk for developing colorectal cancer.	N/A	You pay nothing for the test if your doctor or other qualified health care provider accepts assignment.

Cost	2021 (this year)	2022 (next year)
Cognitive assessment & care plan services When you see your provider for a visit (including your yearly "Wellness" visit), they may perform a cognitive assessment to look for signs of dementia, including Alzheimer's disease. Signs of cognitive impairment include trouble remembering, learning new things, concentrating, managing finances, or making decisions about your everyday life. Conditions like depression, anxiety, and delirium can also cause confusion, so it's important to understand why you may be having symptoms. Medicare covers a separate visit with your regular doctor or a specialist to do a full review of your cognitive function, establish or confirm a diagnosis like dementia, including Alzheimer's disease, and develop a care plan. You can bring someone with you, like a spouse, friend, or caregiver, to help provide information and answer questions.	N/A	There is no coinsurance, copayment, or deductible for a Medicare-covered cognitive assessment.

Cost	2021 (this year)	2022 (next year)
COVID-19 Medicare covers several items and services related to COVID-19. Talk with your doctor or health care provider to see which of these are right for you • Vaccines • Diagnostic Tests • Antibody Tests • Monocional antibody treatments		There is no coinsurance, copayment, or deductible for services related to COVID-19

Cost	2021 (this year)	2022 (next year)
Opioid treatment program services Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services: • U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications. • Dispensing and administration of MAT medications (if applicable) • Substance use counseling • Individual and group therapy • Toxicology testing • Intake activities • Periodic assessments If you have a current prescription for opioids, your provider will review your potential risk factors for opioid use disorder, evaluate your severity of pain and current treatment plan, provide information on non-opioid treatment options, and may refer you to a specialist, if appropriate. Your provider will also review your potential risk factors for substance use disorder and refer you for treatment, if needed.	N/A	There is no coinsurance, copayment, or deductible for Medicare-covered Opioid treatment services.

Section 2.6 – 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. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services at 1-877-477-4663 or by visiting our website at *www.nascentiahealthplus.org* and selecting the Prescription Drug tab.

We also 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.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
    - To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Member Services at 1-877-477-4663.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

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.

Starting in 2022, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different 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.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

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 have included 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. Because you receive "Extra Help" and didn't receive this insert with this packet, if you do not receive this insert by September 30, 2021, please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your Evidence of Coverage for more information about the stages.)

The information below shows the changes for next year 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. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the Evidence of Coverage, which is located on our website at *www.nascentiahealthplus.org*. Select the "For Members" tab and choose the "Member Documents" option. You may also call Member Services at 1-877-477-4663 to ask us to mail you an Evidence of Coverage.

Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
Stage 1: Yearly Deductible Stage **During this stage, you pay the full cost of your drugs until you have reached the yearly deductible.**	The deductible is $445 Your deductible amount is either $0 or $92, depending on the level of “Extra Help” you receive	The deductible is $480 Your deductible amount is either $0 or $99, depending on the level of “Extra Help” you receive

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, Types of out-of-pocket costs you may pay for covered drugs in your Evidence of Coverage.

Stage	2021 (this year)	2022 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the 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.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Depending on your level of "Extra Help" you may be eligible for the subsidized copayments listed below: For generic drugs (including brand drugs treated as generic), either: $0 copay; or $1.30 copay; or $3.70 copay; or 15% For all other drugs, either: $0 copay; or $4.00 copay; or $9.20 copay; or 15%	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Depending on your level of "Extra Help" you may be eligible for the subsidized copayments listed below: For generic drugs (including brand drugs treated as generic), either: $0 copay; or $1.35 copay; or $3.95 copay; or 15% For all other drugs, either $0 copay; or $4.00 copay; or $9.85 copay; or 15%

Stage	2021 (this year)	2022 (next year)
Stage 2: Initial Coverage Stage (continued) 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 Evidence of Coverage.	Once your total drug costs have reached $4,130, you will move to the next stage (the Coverage Gap Stage)	Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage)

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.** For information about your costs in these stages, look at Chapter 6, 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 Nascentia Skilled Nursing Facility

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 7th, you will automatically be enrolled in our Nascentia Skilled Nursing Facility.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- *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, read the *Medicare & You* 2022 handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Nascentia Health Plus offers other Medicare health plans AND/OR Medicare prescription drug 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 Nascentia Skilled Nursing Facility.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Nascentia Skilled Nursing Facility.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services at 1-877-477-4663 if you need more information on how to do this (phone numbers are also in Section 7.1 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 4 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 15th until December 7th.** The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the Evidence of Coverage.

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 a government program with trained counselors in every state. In New York, the SHIP is called the Health Insurance Information Counseling and Assistance Program (HIICAP).

The Health Insurance Information Counseling and Assistance Program (HIICAP). is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. the Health Insurance Information Counseling and Assistance Program (HIICAP). 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 the Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501. You can learn more about the Health Insurance Information Counseling and Assistance Program (HIICAP) by visiting their website *https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap*.

SECTION 6 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. Many people are eligible and don’t even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC 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 at 1-800-701-0501.
- **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 New York Department of Health's AIDS Institute. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-541-2137.

SECTION 7 Questions?

Section 7.1 – Getting Help from Nascentia Skilled Nursing Facility

Questions? We're here to help. Please call Member Services at 1-888-477-4663. (TTY only, call 711). We are available for phone calls 8:00 am-8:00 pm, 7 days a week, October 1st-March 31st. On weekends and certain holidays from April 1st to September 30th, your call may be handled by our automated phone system. Calls to these numbers are free.

Read your 2022 *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 2022. For details, look in the 2022 Evidence of Coverage for Nascentia Skilled Nursing Facility. 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.nascentiahealthplus.org*. Select the For Members tab and choose the Member Documents option. 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 *www.nascentiahealthplus.org*. 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 7.2 – 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

You can visit the Medicare website at *www.medicare.gov*. It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to *www.medicare.gov/plan-compare*).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the 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 booklet, you can get it at the Medicare website at *www.medicare.gov* 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.