

Providence Medicare Choice + Rx 001 (HMO-POS) offered by Providence Health Assurance

Annual Notice of Changes for 2022

You are currently enrolled as a member of Providence Medicare Choice + Rx 001 (HMO-POS). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **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.
 - 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 1.1 and 1.5 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 1.6 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](https://www.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.

- 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 Sections 1.3 and 1.4 for information about our *Provider and Pharmacy 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 Providence Medicare Choice + Rx 001 (HMO-POS).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2021**

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Providence Medicare Choice + Rx 001 (HMO-POS).
- If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Service number at 503-574-8000 or 1-800-603-2340 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. (Pacific Time), seven days a week.
- This information is available in a different format, including large print and braille.
- **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 Providence Medicare Choice + Rx 001 (HMO-POS)

- Providence Medicare Advantage Plans is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Providence Health Assurance. When it says “plan” or “our plan,” it means Providence Medicare Choice + Rx 001 (HMO-POS).

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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Providence Medicare Choice + Rx 001 (HMO-POS) 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.ProvidenceHealthAssurance.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

| Cost | 2021 (this year) | 2022 (next year) |
|--|---|---|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p> | \$92 | \$92 |
| <p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p> | <p>\$4,500 when using your in-network benefit</p> <p>\$10,000 when using your Point-of-Service (POS) benefit</p> | <p>\$4,500 when using your in-network benefit</p> <p>\$10,000 when using your Point-of-Service (POS) benefit</p> |
| <p>Doctor office visits</p> | <p>Primary care visits in-network: \$15 copayment per visit</p> <p>Primary care visits when using your POS benefit: \$25 copayment per visit</p> <p>Specialist visits in-network: \$30 copayment per visit</p> <p>Specialist visits when using your POS benefit: \$50 copayment per visit</p> | <p>Primary care visits in-network: \$15 copayment per visit</p> <p>Primary care visits when using your POS benefit: \$25 copayment per visit</p> <p>Specialist visits in-network: \$30 copayment per visit</p> <p>Specialist visits when using your POS benefit: \$50 copayment per visit</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| <p>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.</p> | <p>Hospital stays in-network: \$300 copayment each day for days 1-6 per admission and there is no coinsurance, copayment, or deductible each day for day 7 and beyond for Medicare-covered inpatient hospital care</p> <p>Hospital stays when using your POS benefit: 30% of the total cost per admission for Medicare-covered inpatient hospital care</p> | <p>Hospital stays in-network: \$300 copayment each day for days 1-6 per admission and there is no coinsurance, copayment, or deductible each day for day 7 and beyond for Medicare-covered inpatient hospital care</p> <p>Hospital stays when using your POS benefit: 30% of the total cost per admission for Medicare-covered inpatient hospital care</p> |
| <p>Part D prescription drug coverage (See Section 1.6 for details.)</p> <p>To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by looking in the formulary. They are indicated by “SI” in the Requirements/Limits section of the formulary. If you have questions about the Drug List, you can also call Customer Service (Phone numbers for Customer Service are found in Section 7.1 of this booklet).</p> | <p>Deductible: \$240</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$4 per prescription at a preferred network pharmacy or \$14 per prescription at a network pharmacy • Drug Tier 2: \$13 per prescription at a preferred network pharmacy or \$20 per prescription at a network pharmacy <p>Additional coverage for Select Insulins not available</p> | <p>Deductible: \$240</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$4 per prescription at a preferred network pharmacy or \$14 per prescription at a network pharmacy • Drug Tier 2: \$13 per prescription at a preferred network pharmacy or \$20 per prescription at a network pharmacy <p>\$10-\$20 for Select Insulins per month</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|------|--|---|
| | <ul style="list-style-type: none"> • Drug Tier 3: \$47 per prescription at a preferred network pharmacy or \$47 per prescription at a network pharmacy <p>Additional coverage for Select Insulins not available</p> | <ul style="list-style-type: none"> • Drug Tier 3: \$47 per prescription at a preferred network pharmacy or \$47 per prescription at a network pharmacy <p>\$35 for Select Insulins per month</p> |
| | <ul style="list-style-type: none"> • Drug Tier 4: \$100 per prescription at a preferred network pharmacy or \$100 per prescription at a network pharmacy | <ul style="list-style-type: none"> • Drug Tier 4: \$100 per prescription at a preferred network pharmacy or \$100 per prescription at a network pharmacy |
| | <ul style="list-style-type: none"> • Drug Tier 5: 28% of the total cost at a preferred network pharmacy or 28% of the total cost at a network pharmacy | <ul style="list-style-type: none"> • Drug Tier 5: 28% of the total cost at a preferred network pharmacy or 28% of the total cost at a network pharmacy |
| | <ul style="list-style-type: none"> • Drug Tier 6: Not covered | <ul style="list-style-type: none"> • Drug Tier 6: \$0 per prescription at a preferred network pharmacy or \$0 per prescription at a network pharmacy |

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – 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.) | \$92 | \$92 There is no change for the upcoming benefit year. |
| Optional Supplemental Dental Coverage monthly premium | <u>Providence Dental Basic</u> \$33.70 | <u>Providence Dental Basic</u> \$32.50 |
| Optional Supplemental Dental Coverage monthly premium | <u>Providence Dental Enhanced</u> \$46.50 | <u>Providence Dental Enhanced</u> \$45.10 |

- 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 6 regarding “Extra Help” from Medicare.

Section 1.2 – 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 services for the rest of the year.

| Cost | 2021 (this year) | 2022 (next year) |
|---|--|--|
| <p>Maximum out-of-pocket amount</p> <p>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.</p> | <p>\$4,500 In-Network</p> <p>\$10,000 Out-of-Network</p> | <p>\$4,500 In-Network</p> <p>\$10,000 Out-of-Network</p> <p>Once you have paid \$4,500 out-of-pocket for covered services from in-network providers, you will pay nothing for your covered services for the rest of the calendar year.</p> <p>Both in-network and out-of-network services count toward your out-of-pocket costs. If you see both in-network and out-of-network providers, or only out-of-network providers, your maximum out-of-pocket costs will be \$10,000 for 2022.</p> <p>There is no change for the upcoming benefit year.</p> |

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at www.ProvidenceHealthAssurance.com/findaprovider. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2022 *Provider and Pharmacy 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 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 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 1.4 – 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. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Provider and Pharmacy Directory* is located on our website at www.ProvidenceHealthAssurance.com/findaprovider. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2022 *Provider and Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.5 – 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*.

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) |
|---|--|--|
| <p>Dental services (embedded routine preventive)</p> | <p>In-Network and Out-of-Network Routine preventive dental services are <u>not</u> covered.</p> | <p>In-Network You pay a \$15 copayment for each preventive dental visit where any of the following covered services are completed:</p> <ul style="list-style-type: none"> • Two evaluations in total per calendar year including a maximum of one comprehensive evaluation per 36 months and one limited oral evaluation per 12 months • Two cleanings (excluding periodontal cleanings) per calendar year • Any combination of bitewing x-rays, two per calendar year or one full mouth diagnostic x-ray, for a total of two • Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service) <p>Out-of-Network Out-of-network services are <u>not</u> covered for routine preventive dental.</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|---|--|---|
| <p>Fitness benefit</p> | <p>In-Network The Silver&Fit® Healthy Aging and Exercise Program is offered to eligible Medicare Advantage beneficiaries. The following choices are available to you at no cost: You can select one fitness center membership, one Stay Fit Kit, and one Home Fitness Kit each benefit year.</p> <p>Out-of-Network Out-of-network services are <u>not</u> covered for the fitness benefit.</p> | <p>In-Network The Silver&Fit® Healthy Aging and Exercise Program is offered to eligible Medicare Advantage beneficiaries. The following choices are available to you at no cost: You can select one fitness center membership and one Home Fitness Kit each benefit year.</p> <p>You also have access to the Premium Fitness Network for an additional cost per month.</p> <p>Out-of-Network Out-of-network services are <u>not</u> covered for the fitness benefit.</p> |
| <p>Health and wellness classes</p> | <p>In-Network Health and wellness includes educational classes on the topics of weight management, stress reduction, fall prevention, pain education, osteoporosis, yoga, childbirth, smoking cessation, progressive disorders, and nutrition offered at participating Providence facilities.</p> <p>You have an allowance of \$500 for health and wellness classes.</p> <p>Out-of-Network Out-of-network services are <u>not</u> covered for health and wellness classes.</p> | <p>In-Network Health and wellness includes educational classes on the topics of weight management, stress reduction, fall prevention, pain education, urinary incontinence-pelvic floor, osteoporosis, yoga, smoking cessation, progressive disorders and nutrition. You may access classes offered virtually through participating facilities.</p> <p>You have an unlimited allowance for health and wellness classes.</p> <p>Out-of-Network Out-of-network services are <u>not</u> covered for health and wellness classes.</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|--|--|--|
| <p>Hearing aids</p> | <p>In-Network This benefit is administered by TruHearing</p> <p>Hearing Aid purchases include:</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 for non-rechargeable models <p>Out-of-Network Out-of-network services are <u>not</u> covered for hearing aids.</p> | <p>In-Network This benefit is administered by TruHearing</p> <p>Hearing Aid purchases include:</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 for non-rechargeable models <p>Out-of-Network Out-of-network services are <u>not</u> covered for hearing aids.</p> |
| <p>Meal delivery program (non-Medicare-covered)</p> | <p>In-Network and Out-of-Network Meal delivery program is <u>not</u> covered.</p> | <p>In-Network There is no coinsurance, copayment, or deductible for non-Medicare-covered meal delivery program. (two meals per day for 14 days (total of 28 meals), immediately following each inpatient hospitalization).</p> <p>There is no plan coverage limit.</p> <p>Out-of-Network Out-of-network services are <u>not</u> covered for non-Medicare-covered meal delivery program.</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|--|--|--|
| <p>Opioid treatment program services</p> | <p>In-Network You pay a \$15 copayment in primary care setting and a \$30 copayment in specialty care setting for each Medicare-covered opioid treatment program services visit.</p> | <p>In-Network There is no coinsurance, copayment, or deductible for services with an Opioid treatment provider enrolled with Medicare. You pay a \$15 copayment in primary care setting and you pay a \$30 copayment in specialty care setting for each Medicare-covered opioid treatment program services visit.</p> |
| <p>Optional Providence Dental Basic <i>(this optional supplemental benefit is available for an extra premium)</i></p> | <p>In-Network You pay 0% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 50% of the total cost for comprehensive dental diagnostic services.</p> <p>Out-of-Network You pay 20% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 60% of the total cost for comprehensive dental diagnostic services.</p> | <p>In-Network You pay 0% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 50% of the total cost for comprehensive dental diagnostic services. The list of services covered by your plan has changed, for a full list of covered services please see your <i>Evidence of Coverage</i>.</p> <p>Out-of-Network You pay 20% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 60% of the total cost for comprehensive dental diagnostic services. The list of services covered by your plan has changed, for a full list of covered services please see your <i>Evidence of Coverage</i>.</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|---|--|--|
| <p>Optional Providence Dental Enhanced <i>(this optional supplemental benefit is available for an extra premium)</i></p> | <p>In-Network You pay 0% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays.</p> <p>You pay 50% of the total cost for comprehensive dental diagnostic services.</p> <p>Out-of-Network You pay 20% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays.</p> <p>You pay 60% of the total cost for comprehensive dental diagnostic services.</p> | <p>In-Network You pay 0% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays.</p> <p>You pay 50% of the total cost for comprehensive dental diagnostic services.</p> <p>The list of services covered by your plan has changed, for a full list of covered services please see your <i>Evidence of Coverage</i>.</p> <p>Out-of-Network You pay 20% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays.</p> <p>You pay 60% of the total cost for comprehensive dental diagnostic services.</p> <p>The list of services covered by your plan has changed, for a full list of covered services please see your <i>Evidence of Coverage</i>.</p> |
| <p>Other health care professionals (e.g., nurse practitioner; physician assistant)</p> | <p>In-Network You pay a \$15 copayment in primary care setting and a \$30 copayment in specialty care setting for each Medicare-covered visit.</p> | <p>In-Network You pay a \$0-\$15 copayment in primary care setting and a \$30 copayment in specialty care setting for each Medicare-covered visit.</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|--|
| <p>Personal Emergency Response System (PERS)</p> | <p>In-Network and Out-of-Network Personal Emergency Response System (PERS) services are <u>not</u> covered.</p> | <p>In-Network There is no coinsurance, copayment, or deductible for Personal Emergency Response System (PERS) services.</p> <p>Out-of-Network Out-of-network services are <u>not</u> covered for Personal Emergency Response System (PERS) services.</p> |
| <p>Routine hearing services</p> | <p>In-Network and Out-of-Network Routine hearing aid fitting/evaluation visits are <u>not</u> covered.</p> | <p>In-Network This benefit is administered by TruHearing</p> <p>There is no coinsurance, copayment, or deductible for routine hearing aid fitting/evaluation visits.</p> <p>Out-of-Network Out-of-network services are <u>not</u> covered for routine hearing aid fitting/evaluation visits.</p> |
| <p>Telehealth</p> | <p>In-Network You pay a \$15 copayment in primary care setting and a \$30 copayment in specialty care setting for additional Medicare-covered telehealth services.</p> | <p>In-Network You pay a \$0-\$15 copayment in primary care setting and a \$30 copayment in specialty care setting for additional Medicare-covered telehealth services.</p> |

Section 1.6 – 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.

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.**

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.
 - 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 Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service 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.

If you had an approved formulary exception during the previous year, a new request may need to be submitted for the current year. To see if you need a new formulary exception request, you may call Customer Service.

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.

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. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Service 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.ProvidenceHealthAssurance.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

| Stage | 2021 (this year) | 2022 (next year) |
|--|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug and Tier 5 Specialty drugs until you have reached the yearly deductible.</p> | <p>The deductible is \$240.</p> <p>During this stage, you pay \$4 per prescription cost sharing for drugs on Tier 1 and \$13 per prescription cost sharing for drugs on Tier 2 from a <i>preferred</i> retail pharmacy;</p> | <p>The deductible is \$240.</p> <p>During this stage, you pay \$4 per prescription cost sharing for drugs on Tier 1, \$13 per prescription cost sharing for drugs on Tier 2, and \$0 per prescription cost sharing for drugs on Tier 6 from a <i>preferred</i> retail pharmacy;</p> |

| Stage | 2021 (this year) | 2022 (next year) |
|-------|---|---|
| | <p>\$14 per prescription cost sharing for drugs on Tier 1 and \$20 per prescription cost sharing for drugs on Tier 2 from a <i>standard</i> retail pharmacy; and the full cost of drugs on Tier 3, 4, and 5 until you have reached the yearly deductible.</p> | <p>\$14 per prescription cost sharing for drugs on Tier 1, \$20 per prescription cost sharing for drugs on Tier 2, and \$0 per prescription cost sharing for drugs on Tier 6 from a <i>standard</i> retail pharmacy; and the full cost of drugs on Tier 3, 4, and 5 until you have reached the yearly deductible.</p> <p>There is no deductible for Providence Medicare Choice + Rx 001 (HMO-POS) for Select Insulins. You pay \$10-\$35 per month for Select Insulins.</p> |

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) |
|--|---|---|
| <p>Stage 2: Initial Coverage Stage</p> <p>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.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 Preferred Generic: <i>Standard cost sharing:</i> You pay \$14 per prescription.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 Preferred Generic: <i>Standard cost sharing:</i> You pay \$14 per prescription.</p> |

| Stage | 2021 (this year) | 2022 (next year) |
|--|--|--|
| <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><i>Preferred cost sharing:</i> You pay \$4 per prescription.</p> | <p><i>Preferred cost sharing:</i> You pay \$4 per prescription.</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: <i>Standard cost sharing:</i> You pay \$20 per prescription. Additional coverage for Select Insulins not available.</p> | <p>Tier 2 Generic: <i>Standard cost sharing:</i> You pay \$20 per prescription. You pay \$20 per prescription for Select Insulins.</p> |
| | <p><i>Preferred cost sharing:</i> You pay \$13 per prescription. Additional coverage for Select Insulins not available.</p> | <p><i>Preferred cost sharing:</i> You pay \$13 per prescription. You pay \$10 per prescription for Select Insulins.</p> |
| | <p>Tier 3 Preferred Brand: <i>Standard cost sharing:</i> You pay \$47 per prescription. Additional coverage for Select Insulins not available.</p> | <p>Tier 3 Preferred Brand: <i>Standard cost sharing:</i> You pay \$47 per prescription. You pay \$35 per prescription for Select Insulins.</p> |
| | <p><i>Preferred cost sharing:</i> You pay \$47 per prescription. Additional coverage for Select Insulins not available.</p> | <p><i>Preferred cost sharing:</i> You pay \$47 per prescription. You pay \$35 per prescription for Select Insulins.</p> |

| Stage | 2021 (this year) | 2022 (next year) |
|-------|--|--|
| | <p>Tier 4 Non-Preferred Drug: <i>Standard cost sharing:</i> You pay \$100 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5 Specialty: <i>Standard cost sharing:</i> You pay 28% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 28% of the total cost.</p> <p>Tier 6: Not covered</p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Tier 4 Non-Preferred Drug: <i>Standard cost sharing:</i> You pay \$100 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5 Specialty: <i>Standard cost sharing:</i> You pay 28% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 28% of the total cost.</p> <p>Tier 6 \$0 Part D Vaccines: <i>Standard cost sharing:</i> You pay \$0 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap 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.** Providence Medicare Choice + Rx 001 (HMO-POS) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$10-\$35 per month. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

| Description | 2021 (this year) | 2022 (next year) |
|--|--|--|
| Medicare Part B prescription drugs - Step Therapy requirement. | There is no step therapy requirement for Medicare Part B prescription drugs. | Medicare Part B prescription drugs may be subject to a step therapy requirement. Refer to the 2022 <i>Evidence of Coverage</i> for additional information. |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Providence Medicare Choice + Rx 001 (HMO-POS)

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 Providence Medicare Choice + Rx 001 (HMO-POS).

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 1.1 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, Providence Health Assurance 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 Providence Medicare Choice + Rx 001 (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Providence Medicare Choice + Rx 001 (HMO-POS).
- 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 this (phone numbers are 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 15 until December 7**. 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*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, 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, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

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 Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

SHIBA 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. SHIBA 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 SHIBA at 1-800-722-4134 (TTY 711). You can learn more about SHIBA by visiting their website (www.healthcare.oregon.gov/shiba).

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. 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).
- **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 CAREAssist. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 971-673-0144 or 1-800-805-2313 (TTY 711).

SECTION 7 Questions?

Section 7.1 – Getting Help from Providence Medicare Choice + Rx 001 (HMO-POS)

Questions? We're here to help. Please call Customer Service at 503-574-8000 or 1-800-603-2340. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. (Pacific Time), seven days a week. 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 Providence Medicare Choice + Rx 001 (HMO-POS). 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.ProvidenceHealthAssurance.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.ProvidenceHealthAssurance.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy 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 (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 (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.