

# **SelectHealth Advantage Enhanced (HMO) offered by SelectHealth**

## **Annual Notice of Changes for 2022**

You are currently enrolled as a member of SelectHealth Advantage Enhanced. 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, 1.5, and 1.6 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 Section 1.3 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](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your *Medicare & You 2022* handbook.
  - Look in Section 2.2 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 SelectHealth Advantage Enhanced.
- 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 SelectHealth Advantage Enhanced.
- 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

- This document is available for free in Spanish.
- Please contact our Member Services number at **1-855-442-9900** (toll-free) for additional information. (TTY users should call **711**) Hours are:
  - **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
  - **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.
- Outside of these hours of operation, please leave a message and your call will be returned within one business day.
- This document may be available in alternate formats (e.g., Braille, large print). Please contact Member Services at the numbers listed in Section 6.1 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## About SelectHealth Advantage Enhanced

- SelectHealth is an HMO plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means SelectHealth. When it says “plan” or “our plan,” it means SelectHealth Advantage Enhanced.

# Fair Treatment Notice

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

## We provide free:

- > Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- > Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call SelectHealth Member Services at **800-538-5038** or SelectHealth Advantage Member Services at **855-442-9900** (TTY users: 711).

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'd, 'é'et'áá jiik'eh, éí ná hólo, 'koji' hódíłnih SelectHealth.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth. まで、お電話にてご連絡ください。

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎቶች ያለክፍያ ለእርስዎ ይገኛሉ። SelectHealth ን ያናግሩ።

ПАЖИЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте SelectHealth.

تنبيه: إذا كنت تتحدث عربي، فستتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بـ SelectHealth.

توجه: اگر بہ زبان را وارد کنی صحبت می‌کنید، خدمات کمک زبانی، بصورت رایگان در اختیار شماست. با SelectHealth تماس بگیرید.

หมายเหตุ: หากคุณพูด ใ้ภาษา, การบริการภาษา โดยไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ SelectHealth

SelectHealth: **1-800-538-5038**

SelectHealth Advantage: **1-855-442-9900**

## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for *SelectHealth Advantage Enhanced* 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 [selecthealth.org/medicare](https://selecthealth.org/medicare). You can also review the separately available *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. (See Section 1.1 for details.)	\$61	\$67
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$5,400	\$5,000
<b>Doctor office visits</b>	Primary care visits: you pay \$0 per visit. Specialist visits: you pay \$50 per visit.	Primary care visits: you pay \$0 per visit. Specialist visits: you pay \$30 per visit.
<b>Inpatient hospital stays</b> 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.	Days 1-4: you pay \$395 per day. Days 5-90: you pay \$0 per day. Additional days: you pay \$0 per day for each additional day.	Days 1-4: you pay \$300 per day. Days 5-90: you pay \$0 per day. Additional days: you pay \$0 per day for each additional day.

Cost	2021 (this year)	2022 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.6 for details.) 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.	Deductible: \$200 – Applies only to drugs in Tier 3, Tier 4 and Tier 5. Copays during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: you pay \$0 per prescription.</li> <li>• Drug Tier 2: you pay \$10 per prescription.</li> <li>• Drug Tier 3: you pay \$45 per prescription after deductible. <i>(You pay \$35 per prescription for select Tier 3 insulins, deductible does not apply.)</i></li> <li>• Drug Tier 4: you pay \$95 per prescription after deductible.</li> <li>• Drug Tier 5: you pay 29% per prescription after deductible.</li> </ul>	Deductible: \$150 – Applies only to drugs in Tier 3, Tier 4 and Tier 5. Copays during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: you pay \$0 per prescription.</li> <li>• Drug Tier 2: you pay \$10 per prescription.</li> <li>• Drug Tier 3: you pay \$45 per prescription after deductible. <i>(You pay \$35 per prescription for select Tier 3 insulins, deductible does not apply.)</i></li> <li>• Drug Tier 4: you pay \$95 per prescription after deductible.</li> <li>• Drug Tier 5: you pay 30% per prescription after deductible.</li> </ul>
<b>Coverage through the gap</b>	You pay \$0 per prescription for Tier 1 generic diabetes drugs through the coverage gap. You pay \$10 per prescription for Tier 2 generic diabetes drugs through the coverage gap. You pay \$35 per prescription for select Tier 3 insulins through the coverage gap.	You pay \$0 per prescription for Tier 1 generic diabetes drugs through the coverage gap. You pay \$10 per prescription for Tier 2 generic diabetes drugs through the coverage gap. You pay \$35 per prescription for select Tier 3 insulins through the coverage gap.

## ***Annual Notice of Changes for 2022***

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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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$61	\$67

- 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 5 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)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Copays for hearing aids and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$5,400	\$5,000 Once you have paid \$5,000 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.



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## Section 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You may also call Member Services 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.

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## Section 1.4 – Changes to the Pharmacy Network

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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 *Provider and Pharmacy Directory* is located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You may also call Member Services 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)
Acupuncture Services Medicare-covered	You pay a \$20 copay per visit for low-back pain with an American Specialty Health Network (ASHN) provider.	You pay a \$20 copay per visit for low-back pain with a SelectHealth Advantage network provider.

Cost	2021 (this year)	2022 (next year)
Companionship Services	Not a covered service.	<p>This benefit is administered by Papa.</p> <p>You pay a \$0 copay for 90 hours of companionship services with a Papa Pal per year as scheduled through Papa.</p> <p>Papa Pals assist with instrumental activities of daily living. (See the Evidence of Coverage Chapter 4 Section 2.1 for additional information on this service.)</p>
Dental Services Medicare-covered Dental	You pay a \$50 copay for non-routine dental services related to a medical condition.	You pay a \$30 copay for non-routine dental services related to a medical condition.
Doctor Office Visits	<p>Primary care visits: you pay \$0 per visit.</p> <p>Specialist visits: you pay \$50 per visit.</p>	<p>Primary care visits: you pay \$0 per visit.</p> <p>Specialist visits: you pay \$30 per visit.</p>

Cost	2021 (this year)	2022 (next year)
Hearing Aids	<p>Hearing aids purchased through Intermountain Healthcare Hearing, Balance, and Audiology Clinics:</p> <p>Tier 1 – Economy: you pay \$399 per hearing aid.</p> <p>Tier 2 – Standard: you pay \$849 per hearing aid.</p> <p>Tier 3 – Advanced: you pay \$1,249 per hearing aid.</p> <p>Tier 4 – Premium: you pay \$1,749 per hearing aid.</p> <p>Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount.</p>	<p>Hearing aids purchased through Intermountain Healthcare Hearing, Balance, and Audiology Clinics:</p> <p>Tier 1 – Economy: you pay \$399 per hearing aid.</p> <p>Tier 2 – Essential: you pay \$589 per hearing aid.</p> <p>Tier 3 – Standard: you pay \$849 per hearing aid.</p> <p>Tier 4 – Advanced: you pay \$1,199 per hearing aid.</p> <p>Tier 5 – Premium: you pay \$1,699 per hearing aid.</p> <p>Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount. (See the Evidence of Coverage Chapter 4 Section 2.1 for additional information on this service.)</p>
Hearing Services Medicare-covered Hearing Exams	You pay a \$50 copay for Medicare-covered hearing services.	You pay a \$30 copay for Medicare-covered hearing services.

Cost	2021 (this year)	2022 (next year)
Hospice Care	You pay a \$0 copay for most hospice services.	There is no change: you pay a \$0 copay for most hospice services.
	Transitional care for oncology (chemotherapy or therapeutic radiology) not a covered service.	You pay 20% coinsurance for transitional care for oncology (chemotherapy or therapeutic radiology) through a SelectHealth Advantage network provider during the first 90 days on hospice. Transitional care allows you to continue a current course of chemotherapy or radiation treatment as you elect hospice.
	Concurrent care for oncology (chemotherapy or therapeutic radiology) not a covered service.	You pay 20% coinsurance for concurrent care for oncology (chemotherapy or therapeutic radiology) through a SelectHealth Advantage network provider during the first 90 days on hospice. Concurrent care allows you to start a new course of chemotherapy or radiation treatment while already receiving hospice services.
		Note: See the Evidence of Coverage Chapter 4 Section 2.1 for additional information on this service.

Cost	2021 (this year)	2022 (next year)
Inpatient Hospital	<p>Days 1-4: you pay \$395 per day.</p> <p>Days 5-90: you pay \$0 per day.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>	<p>Days 1-4: you pay \$300 per day.</p> <p>Days 5-90: you pay \$0 per day.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>
Inpatient Mental Health Care	<p>Days 1-4: you pay \$395 per day.</p> <p>Days 5-90: you pay \$0 per day.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>	<p>Days 1-4: you pay \$300 per day.</p> <p>Days 5-90: you pay \$0 per day.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>
Intermountain LiVe Well Center Programs	You pay \$0 for the Intermountain LiVe Well Center Move Well Program.	You pay \$0 copay for any covered program and functional fitness assessments through Intermountain LiVe Well Centers. (See the Evidence of Coverage Chapter 4 Section 2.1 for additional information on this service.)
Outpatient Services	<p>You pay \$50 per encounter for outpatient services in a treatment room.</p> <p>You pay \$50 per encounter for wound care in an outpatient facility.</p>	<p>You pay \$30 per encounter for outpatient services in a treatment room.</p> <p>You pay \$30 per encounter for wound care in an outpatient facility.</p>

Cost	2021 (this year)	2022 (next year)
Outpatient Surgery	You pay a \$320 copay for Medicare-covered surgery in an ambulatory surgical center.	You pay a \$300 copay for Medicare-covered surgery in an ambulatory surgical center.
Podiatry Services Medicare-covered	You pay a \$50 copay for non-routine podiatry services related to a medical condition.	You pay a \$30 copay for non-routine podiatry services related to a medical condition.
Telehealth Services	You pay a \$0 copay for telehealth visit with a primary care provider.  You pay a \$50 copay for telehealth visit with a specialist provider.	You pay a \$0 copay for telehealth visit with a primary care provider.  You pay a \$30 copay for telehealth visit with a specialist provider.
Vision Care Medicare-covered Eye Exam	You pay a \$50 copay for non-routine eye exams related to a medical condition.	You pay a \$30 copay for non-routine eye exams related to a medical condition.

## 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. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website ([selecthealth.org/medicare](https://selecthealth.org/medicare)).

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 Member Services.
- **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.

If a drug you are taking is currently covered under a formulary exception you will need to request to renew the formulary exception in advance for next year. When you renew your request we will give you an answer within 72 hours after we receive the request (or your prescriber's supporting statement). If we approve your request, we will authorize the coverage before the beginning of the next year.

If you and your provider want to ask to continue your exception, Chapter 9, Section 6.4 of the *Evidence of Coverage* tells what to do. It explains the procedures and deadlines that have been set by Medicare to make sure your request is handled promptly and fairly. Or you can contact our Member Services department and we will help you submit the request.

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 sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which



tells you about your drug costs. Because you receive “Extra Help” if you haven’t received this insert by September 30, 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 [selecthealth.org/medicare/member-care/forms](https://selecthealth.org/medicare/member-care/forms). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your brand name and specialty drugs until you have reached the yearly deductible.	The deductible is \$200.  During this stage, you pay \$0 or \$10 cost sharing for drugs on the generic or preferred generic tiers, \$35 cost sharing for select insulins on preferred brand name tier, and the full cost of other drugs on the preferred brand name, non-preferred brand name, or specialty drugs tiers until you have reached the yearly deductible.	The deductible is \$150.  During this stage, you pay \$0 or \$10 cost sharing for drugs on the generic or preferred generic tiers, \$35 cost sharing for select insulins on preferred brand name tier, and the full cost of other drugs on the preferred brand name, non-preferred brand name, or specialty drugs tiers until you have reached the yearly deductible.

### 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><b>Stage 2: Initial Coverage Stage</b></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 <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p> <p><b>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.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 – Preferred Generic Drugs:</b> You pay \$0 per prescription.</p> <p><b>Tier 2 – Generic Drugs:</b> You pay \$10 per prescription.</p> <p><b>Tier 3 – Preferred Brand-Name Drugs:</b> You pay \$45 per prescription. <i>(You pay \$35 per prescription for select Tier 3 insulins, deductible does not apply.)</i></p> <p><b>Tier 4 – Non-Preferred Brand-Name Drugs:</b> You pay \$95 per prescription.</p> <p><b>Tier 5 – Specialty Drugs:</b> You pay 29% of the total cost per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 – Preferred Generic Drugs:</b> You pay \$0 per prescription.</p> <p><b>Tier 2 – Generic Drugs:</b> You pay \$10 per prescription.</p> <p><b>Tier 3 – Preferred Brand-Name Drugs:</b> You pay \$45 per prescription. <i>(You pay \$35 per prescription for select Tier 3 insulins, deductible does not apply.)</i></p> <p><b>Tier 4 – Non-Preferred Brand-Name Drugs:</b> You pay \$95 per prescription.</p> <p><b>Tier 5 – Specialty Drugs:</b> You pay 30% of the total cost per prescription.</p>
	<p>Once your total drug costs have reached \$4,130 you will move to the next stage (the Coverage Gap Stage).</p>	<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.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in *SelectHealth Advantage Enhanced*

**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 SelectHealth Advantage Enhanced plan.

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change 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 4), or call Medicare (see Section 6.2).

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](https://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, SelectHealth Advantage 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 SelectHealth Advantage Enhanced.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from SelectHealth Advantage Enhanced.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 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 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 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 4 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 Utah, the SHIP is called the Senior Health Insurance Information Program, and in Idaho the State Health Insurance Assistance Program is called the Senior Health Insurance Benefits Advisors Program.

The State Health Insurance Assistance Program (SHIP) 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. SHIP 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 SHIP at the numbers listed below for Utah and Idaho. You can learn more about SHIP by visiting their websites listed below.

- **Utah – Senior Health Insurance Information Program (SHIP)**
  - **Phone:** 1-800-541-7735; TTY users should call 711
  - **Address:**
    - Division of Aging and Adult Services
    - Utah Department of Human Services
    - 195 North 1950 West
    - Salt Lake City, UT 84116
  - **Website:** [daas.utah.gov/seniors](https://daas.utah.gov/seniors)
- **Idaho– Senior Health Insurance Benefits Advisors Program (SHIBA)**
  - **Phone:** 1-800-247-4422; TTY users should call 711
  - **Address:**
    - Idaho Department of Insurance
    - Atten: SHIBA
    - 700 W. State Street, 3rd Fl.
    - PO Box 83720
    - Boise, ID 83720
  - **Website:** [doi.idaho.gov/shiba](https://doi.idaho.gov/shiba)

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** 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.** Idaho has a program called IDAGAP that helps residents 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.

- **Idaho Aids Drug Assistance Program (IDAGAP)**
  - **Phone:** 1-208-334-5612; TTY users should call 711
  - **Address:**
    - Idaho Ryan White Part B Program  
PO Box 83720  
Boise, ID 83720  
[IdahoADAP@dhw.idaho.gov](mailto:IdahoADAP@dhw.idaho.gov)
  - **Website:**  
[healthandwelfare.idaho.gov/health-wellness/diseases-conditions/hiv](https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/hiv)
- **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 Idaho Department of Health and Welfare, or the Utah Department of Health, Bureau of Epidemiology. For information on eligibility criteria, covered drugs, or how to enroll in the program, in Utah please call 801-538-6197, in Idaho please call 208-334-5612.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from *SelectHealth Advantage Enhanced*

Questions? We're here to help. Please call Member Services at **1-855-442-9900** (toll-free). (TTY only, call **711**). We are available for phone calls:

- **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message and your call will be returned within one business day. 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 SelectHealth Advantage Enhanced. 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 [selecthealth.org/medicare](https://selecthealth.org/medicare). You can also

review the separately available *Evidence of Coverage* to see if other benefit or cost changes affect you. 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 [selecthealth.org/medicare](https://selecthealth.org/medicare). 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).

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## **Section 6.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](https://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](https://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](https://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.