



NetworkPrime (MSA) offered by Network Health Insurance Corporation

Annual Notice of Changes for 2022

You are currently enrolled as a member of NetworkPrime. 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 1.2 for information about benefit and cost changes for our plan.
- 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 *NetworkPrime*.
 - 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 *NetworkPrime*.
 - 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

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- This information is available for free in other formats. For more information, please contact our member experience team at 800-378-5234 (TTY 800-947-3529), Monday - Friday from 8 a.m. to 8 p.m. From October 1, 2021, through March 31, 2022, we are available every day from 8 a.m. to 8 p.m.
- **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 *NetworkPrime*

- Network Health Medicare Advantage plans include PPO, MSA and HMO plans. *NetworkPrime* is a MSA plan with a Medicare contract. Enrollment in Network Health Medicare Advantage plans depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Network Health Insurance Corporation. When it says "plan" or "our plan," it means *NetworkPrime*.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for NetworkPrime 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 networkhealth.com/medicare/plan-materials. You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium See Section 1.3 for details.	\$0	\$0
Yearly deposit	\$1,500	\$1,500
Yearly deductible	\$5,100	\$5,400
All Medicare-covered services	<p>Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p>	<p>Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p>

Annual Notice of Changes for 2022
Table of Contents

Summary of Important Costs for 2022	1
SECTION 1 Changes to Benefits and Costs for Next Year.....	3
Section 1.1 – Changes to the Annual Deposit	3
Section 1.2 – Changes to the Annual Deductible	3
Section 1.3 – Changes to the Monthly Premium	3
Section 1.4 – There are no changes to your benefits or amounts you pay for medical services	4
SECTION 2 Deciding Which Plan to Choose.....	4
Section 2.1 – If you want to stay in NetworkPrime.....	4
Section 2.2 – If you want to change plans	4
SECTION 3 Deadline for Changing Plans	5
SECTION 4 Programs That Offer Free Counseling About Medicare	5
SECTION 5 Programs That Help Pay for Prescription Drugs	6
SECTION 6 Questions?	7
Section 6.1 – Getting Help from NetworkPrime	7
Section 6.2 – Getting Help from Medicare.....	7

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Annual Deposit

Cost	2021 (this year)	2022 (next year)
Annual Deposit	\$1,500	No change

Section 1.2 – Changes to the Annual Deductible

Cost	2021 (this year)	2022 (next year)
Annual Deductible	\$5,100	\$5,400

Section 1.3 – 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.)	\$0	No change
Dental Optional Supplemental Benefit premium	\$38	\$39

Section 1.4 – There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be exactly the same in 2022 as they are in 2021.

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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in NetworkPrime

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 NetworkPrime.

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, there may be 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 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, Network Health Insurance Corporation offers other Medicare health plans and 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 NetworkPrime.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan and disenroll from NetworkPrime. Enrolling in the new drug plan will not automatically disenroll you from NetworkPrime. To disenroll from NetworkPrime you must send us a written request to disenroll. Contact our member experience team if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
- To **change to Original Medicare without a prescription drug plan**, you must send us a written request to disenroll. Contact our member experience team if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).

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 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 8, 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 Wisconsin, the SHIP is called Wisconsin SHIP.

Wisconsin 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. Wisconsin 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 Wisconsin SHIP at 800-242-1060. You can learn more about Wisconsin SHIP by visiting their website at <https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm>.

SECTION 5 Programs That Help Pay for Prescription Drugs

The law does not allow Medicare Advantage MSA plans to offer Medicare prescription drug coverage. If you have a Medicare MSA plan, you can, however, also join a Medicare prescription drug plan to get coverage. Any money that you use from your MSA savings account on drug plan deductibles or cost sharing will **not** count toward your MSA plan deductible, but it will count toward your drug plan's out-of-pocket costs. If you are interested in enrolling in a Medicare prescription drug plan or to see what plans are available in your area, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. Generally, unless you are new to Medicare or meet a special exception, you can only join during the Medicare fall open enrollment period, which occurs from October 15 to December 7.

Please note that 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 percent 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, seven days a week;
 - The Social Security Office at 1-800-772-1213, Monday – Friday from 8 a.m. and 7 p.m. TTY users should call, 1-800-325-0778 (applications); or
 - Your state Medicaid office (applications).
- **Help from your state's pharmaceutical assistance program.** Wisconsin has a program called Wisconsin Senior Care 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 (SHIP). (The name and phone numbers for this organization are in Section 4 of this booklet.)
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to lifesaving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance. Contact the Wisconsin AIDS/HIV Drug Assistance Program. Note: to be eligible for the ADAP operating in your state, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. The Wisconsin AIDS/HIV Drug Assistance Program can be reached at 608-267-6875 or 800-991-5532.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Wisconsin AIDS/HIV Drug Assistance Program at 608-267-6875 or 800-991-5532.

SECTION 6 Questions?

Section 6.1 – Getting Help from NetworkPrime

Questions? We're here to help. Please call our member experience team at 800-378-5234. (TTY only, call 800-947-3529.) We are available for phone calls Monday – Friday from 8 a.m. to 8 p.m. 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 NetworkPrime. 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 networkhealth.com/medicare/plan-materials. You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at networkhealth.com.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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