



Chronic Condition Special Needs Plan

**CommuniCare Advantage Chronic Condition Special Needs Plan
offered by OH CHS SNP Inc. (dba CommuniCare Advantage)
for Indiana Residents**

Annual Notice of Changes for 2022

You are currently enrolled as a member of CommuniCare Advantage Chronic Condition Special Needs Plan. 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.**

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 Section 2 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2022 Drug List and look in Section 2.6 for information about changes to our drug coverage.

- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](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 2.3 for information about our *Provider Directory*.

Think about your overall health care costs.

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

Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

Check coverage and costs of plans in your area.

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

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in CommuniCare Advantage Chronic Condition Special Needs Plan.
- 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 the CommuniCare Advantage Chronic Condition Special Needs Plan.

- 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 Member Services number at (855) 969-5869 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. seven days a week October 1st through March 31st (8:00 a.m. to 8:00 p.m. Monday through Friday April 1st through September 30th).
- Please contact CommuniCare Advantage at (855) 969-5869 (TTY: 711) if you need information in a different language or a different accessible format.
- **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 CommuniCare Advantage

- CommuniCare Advantage is an HMO with a Medicare contract. Enrollment in CommuniCare Advantage depends on contract renewal. When this booklet says "we," "us," or "our," it means CommuniCare Advantage (CCA). When it says "plan" or "our plan," it means CommuniCare Advantage (CCA).

H3727_csnp-ANOC-080221-Indiana_M File & Use 09/01/2021

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for CommuniCare Advantage 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.communicare-advantage.com. You may also call Member Services 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 2.1 for details.</p>	<p>Part C premium: \$0 Part D premium: \$16</p>	<p><i>No change</i> Part C premium: \$0 Part D premium: \$16</p>
<p>Deductible</p>	<p>Part B deductible: \$0 Part C deductible: \$0 Part D deductible: \$445</p>	<p>Part B deductible: \$0 Part C deductible: \$0 Part D deductible: \$480</p>
<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 2.2 for details.)</p>	<p>\$7,550</p>	<p>\$7,550</p>
<p>Doctor office visits</p>	<p>Primary care visits: \$10</p> <p>Specialist visits: \$45</p> <p>Exceptions: Cardiology and endocrinology: \$10 Psychiatry: \$35</p>	<p>Primary care visits: \$5</p> <p>Specialist visits: \$50</p> <p>Exceptions: Cardiology and Endocrinology: \$10 Psychiatry: \$40</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>	<ul style="list-style-type: none"> • Days 1 through 5: \$400 per day for each benefit period • Days 6 through 90: \$0 per day for each benefit period • For lifetime reserve days: you pay \$704 per day beginning with the first lifetime reserve day used 	<ul style="list-style-type: none"> • Days 1 through 5: \$400 per day for each benefit period • Days 6 through 90: \$0 per day for each benefit period • For lifetime reserve days: you pay \$742 per day beginning with the first lifetime reserve day used
<p>Part D prescription drug coverage To find out which drugs are select insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet). (See Section 2.6 for details.)</p>	<p>Select insulins: \$35</p> <p>Deductible: \$445 for brand name and specialty drugs (Tiers 4 and 5) during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$0 • Drug Tier 4: \$445 • Drug Tier 5: \$445 	<p>Select insulins: \$35</p> <p>Deductible: \$480 for brand name and specialty drugs (Tiers 4 and 5) during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$0 • Drug Tier 4: \$480 • Drug Tier 5: \$480

Annual Notice of Changes for 2022
Table of Contents

Summary of Important Costs for 2022 1

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled
in CommuniCare Advantage in 2022..... 4**

SECTION 2 Changes to Benefit and Cost for Next Year 4

 Section 2.1 – Changes to the Monthly Premium4

 Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.....4

 Section 2.3 – Changes to the Provider Network.....5

 Section 2.4 – Changes to the Pharmacy Network.....6

 Section 2.5 – Changes to Benefits and Costs for Medical Services6

 Section 2.6 – Changes to Part D Prescription Drug Coverage8

SECTION 3 Deciding Which Plan to Choose 11

 Section 3.1 – If you want to stay in CommuniCare Advantage 11

 Section 3.2 – If you want to change plans 12

SECTION 4 Deadline for Changing Plans..... 12

SECTION 5 Programs That Offer Free Counseling about Medicare 13

SECTION 6 Programs That Help Pay for Prescription Drugs 13

SECTION 7 Questions? 14

 Section 7.1 – Getting Help from CommuniCare Advantage 14

 Section 7.2 – Getting Help from Medicare 14

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in CommuniCare Advantage in 2022

If you do nothing to change your Medicare coverage by December 7, 2021, we will automatically enroll you in our CommuniCare Advantage Chronic Condition Special Needs Plan. This means starting January 1, 2022, you will be getting your medical and prescription drug coverage through CommuniCare Advantage. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare.

The information in this document tells you about the differences between your current benefits in the CommuniCare Advantage Chronic Condition Special Needs Plan and the benefits you will have on January 1, 2022 as a member of CommuniCare Advantage.

SECTION 2 Changes to Benefit and Cost for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Part C premium: \$0 Part D premium: \$16	<i>No change</i> Part C premium: \$0 Part D premium: \$16

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered 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 and deductibles) 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>\$7,550</p>	<p><i>No change</i></p> <p>\$7,550</p>

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website www.communicare-advantage.com. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may 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 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at www.communicare-advantage.com. You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2022 *Pharmacy Directory* to see which pharmacies are in our network.**

Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

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)
Doctor Visits	<ul style="list-style-type: none"> • Primary care visit: \$10 • Specialist visit: \$45 except as follows: <ul style="list-style-type: none"> • Cardiology: \$10 • Endocrinology: \$10 • Psychiatry: \$35 	<ul style="list-style-type: none"> • Primary care visit: \$5 • Specialist visit: \$50 except as follows: <ul style="list-style-type: none"> • Cardiology: \$10 • Endocrinology: \$10 • Psychiatry: \$40

Cost	2021 (this year)	2022 (next year)
Inpatient Hospital Care	<ul style="list-style-type: none"> • Days 1 - 5: \$400 per day for each benefit period • Days 6 - 90: \$0 per day for each benefit period • For lifetime reserve days: you pay \$704 per day beginning with the first lifetime reserve day used 	<ul style="list-style-type: none"> • Days 1 - 5: \$400 per day for each benefit period • Days 6 - 90: \$0 per day for each benefit period • For lifetime reserve days: you pay \$742 per day beginning with the first lifetime reserve day used
Skilled Nursing Facility Care	<p>You pay the following for each benefit period:</p> <ul style="list-style-type: none"> • Days 1-20: \$0 per day • Days 21-100: \$184 per day. • Days 101 and beyond: All costs 	<p>You pay the following for each benefit period:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$188 per day. • Days 101 and beyond: All costs
Urgent Care	<ul style="list-style-type: none"> • \$30 co-pay 	<ul style="list-style-type: none"> • \$40 co-pay
Diabetic Shoes and Inserts	<ul style="list-style-type: none"> • 10% co-insurance 	<ul style="list-style-type: none"> • 20% co-insurance
Cardiac Rehabilitation	<ul style="list-style-type: none"> • \$10 co-pay 	<ul style="list-style-type: none"> • \$50 co-pay
Intensive Cardiac Rehabilitation	<ul style="list-style-type: none"> • \$25 co-pay 	<ul style="list-style-type: none"> • \$100 co-pay
Pulmonary Rehabilitation	<ul style="list-style-type: none"> • \$10 co-pay 	<ul style="list-style-type: none"> • \$30 co-pay
Supervised Exercise Therapy (SET)	<ul style="list-style-type: none"> • \$10 co-pay 	<ul style="list-style-type: none"> • \$30 co-pay
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • 1 box of gloves, 4 oz. bottle of hand sanitizer, 2 reusable masks 	<ul style="list-style-type: none"> • PPE is not covered.

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

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. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **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 you are on a drug as a result of a granted exception in the 2021 plan year, you may possibly be able to continue to receive that exception into the 2022 plan year. You can call member services to confirm coverage duration. Should CommuniCare Advantage choose not to honor the exception beyond the end of the 2021 plan year you or your provider may contact us to make a new request to make an exception to cover the drug for 2022.

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 Member Services and ask for the “LIS Rider.”

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

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at www.communicare-advantage.com. 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)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$445.</p> <p>During this stage, you pay \$0 deductible for drugs in Tiers 1 (preferred generic), 2 (generic), and 3 (preferred brand) and the full cost of Tiers 4 (brand) and 5 (specialty) drugs until you have reached the yearly deductible.</p> <p>You pay \$35 for select insulins</p>	<p>The deductible is \$480.</p> <p>During this stage, you pay \$0 deductible for drugs in Tiers 1 (preferred generic), 2 (generic), and 3 (preferred brand) and the full cost of Tiers 4 (brand) and 5 (specialty) drugs until you have reached the yearly deductible.</p> <p>You pay \$35 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>Your cost for a 31-day supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 (preferred generic): \$6 retail/ \$5 mail order per drug</p> <p>Tier 2 (generic): \$17 retail/ \$15 mail order per drug</p> <p>Tier 3 (preferred brand): \$45 retail/ \$40 mail order per drug</p> <p>Tier 4 (brand): \$92 retail/ \$90 mail order per drug</p> <p>Tier 5 (specialty): 25% of the cost of the drug plus dispensing fee</p> <p>You pay \$35 for select insulins.</p>	<p>Your cost for a 30-day supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 (preferred generic): \$6 retail/ \$5 mail order per drug</p> <p>Tier 2 (generic): \$17 retail/ \$15 mail order per drug</p> <p>Tier 3 (preferred brand): \$45 retail/ \$40 mail order per drug</p> <p>Tier 4 (brand): \$92 retail/ \$90 mail order per drug</p> <p>Tier 5 (specialty): 25% of the cost of the drug plus dispensing fee</p> <p>You pay \$35 for select insulins.</p>

Stage	2021 (this year)	2022 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a 30-day supply when you fill your prescription at a network pharmacy that provides standard cost sharing (up to a 30-day supply from a standard retail pharmacy or mail-order pharmacy and up to 30-day supply at a long-term care pharmacy or out-of-network pharmacy). The number of days in a one-month supply has changed from 2021 to 2022 as noted in the chart. For more information, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</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*.

CommuniCare Advantage Chronic Condition Special Needs Plan offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$35.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in CommuniCare Advantage

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 CommuniCare Advantage Chronic Condition Special Needs Plan.

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
- *OR*— You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CommuniCare Advantage.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CommuniCare Advantage.
- 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 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?

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 Indiana, the SHIP is called Indiana State Health Insurance Program Assistance Program.

Indiana State Health Insurance Assistance Program 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. Indiana State Health Insurance Assistance Program 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 Indiana State Health Insurance Assistance Program at (800) 452-4800.

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Indiana has a program called Hoosier RX 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 (the name and phone numbers for this organization are in Section 5 of this booklet).
- **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 Indiana Department of Health ADAP Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (866) 588-4948.

SECTION 7 Questions?

Section 7.1 – Getting Help from CommuniCare Advantage

Questions? We're here to help. Please call Member Services at (855) 969-5869. (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m. seven days a week October 1st through March 31st (8:00 a.m. to 8:00 p.m. Monday through Friday April 1st through September 30th). Calls to this number 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 CommuniCare Advantage. 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.communicare-advantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.communicare-advantage.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

You can visit the Medicare website (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.