



SSM Health Plan Integrity (HMO-POS) offered by WellFirst Health — Provided by SSM Health Plan

Annual Notice of Changes for 2022

You are currently enrolled as a member of SSM Health Plan Companion. 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 Sections 2.1, 2.2, 2.5 and 2.6 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 2.6 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit

go.medicare.gov/drugprices and click the “dashboards” link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- ☐ 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 **SSM Health Plan Integrity**.
- 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 **SSM Health Plan Integrity**.
 - 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.
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Additional Resources

- Please contact the Customer Care Center number toll-free at 1-877-301-3326 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, seven days per week. However, please note that our automated phone system may answer your call during all Federal holidays and weekends from April 1 to September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.
- The Customer Care Center has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This information is available for free in other formats. Please call the Customer Care Center if you need plan information in another format (see Section 7).
- **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 SSM Health Plan Integrity

- SSM Health Plan is an HMO/HMO-POS with a Medicare contract. Enrollment in SSM Health Plan depends on contract renewal. SSM Health Plan markets under the name WellFirst Health.
- When this booklet says “we,” “us,” or “our,” it means WellFirst Health — Provided by SSM Health Plan. When it says “plan” or “our plan,” it means SSM Health Plan Integrity.

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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for SSM Health Plan Integrity 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 wellfirsthealth.com/medicare. You may also call the Customer Care Center for information or to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0
Monthly Part B Premium Reduction (You must also continue to pay your Medicare Part B premium.)	\$0	\$35
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$2,500 for in-network services Not covered for out-of-network services	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined
Doctor office visits	Primary care visits: In-Network: You pay \$0 copay per visit Out-of-Network: Not Covered Specialist visits: In-Network: You pay \$35 copay per visit Out-of-Network: Not Covered	Primary care visits: In-Network: You pay \$0 copay per visit Out-of-Network: You pay \$50 copay per visit Specialist visits: In-Network: You pay \$35 copay per visit Out-of-Network: You pay \$50 copay per visit

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>In-Network: You pay \$325 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 to discharge</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>You are covered for an unlimited number of medically necessary inpatient hospital days.</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$325 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 to discharge</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>You are covered for an unlimited number of medically necessary inpatient hospital days.</p> <p>Out-of-Network: You pay \$500 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 to discharge</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>You are covered for an unlimited number of medically necessary inpatient hospital days.</p>
<p>Part D prescription drug coverage (See Section 2.6 for details.)</p> <p>You pay \$30 per prescription at preferred pharmacies and \$35 per prescription at standard retail pharmacies for insulins covered by our formulary.</p>	<p>There is no deductible.</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p>	<p>There is no deductible.</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p>

Cost	2021 (this year)	2022 (next year)
To find out which insulins are covered, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call the Customer Care Center. (Phone numbers for the Customer Care Center are printed in the back of this booklet).	<ul style="list-style-type: none"> Drug Tier 1: <p>Standard Cost-sharing: You pay \$7 per prescription</p> <p>Preferred Cost-sharing: You pay \$0 per prescription</p>	<ul style="list-style-type: none"> Drug Tier 1: <p>Standard Cost-sharing: You pay \$7 per prescription</p> <p>Preferred Cost-sharing: You pay \$0 per prescription</p>
	<ul style="list-style-type: none"> Drug Tier 2: <p>Standard Cost-sharing: You pay \$12 per prescription</p> <p>Preferred Cost-sharing: You pay \$5 per prescription</p>	<ul style="list-style-type: none"> Drug Tier 2: <p>Standard Cost-sharing: You pay \$12 per prescription</p> <p>Preferred Cost-sharing: You pay \$5 per prescription</p>
	<ul style="list-style-type: none"> Drug Tier 3: <p>Standard Cost-sharing: You pay \$47 per prescription</p> <p>Preferred Cost-sharing: You pay \$40 per prescription</p>	<ul style="list-style-type: none"> Drug Tier 3: <p>Standard Cost-sharing: You pay \$47 per prescription</p> <p>Preferred Cost-sharing: You pay \$40 per prescription</p>
	<ul style="list-style-type: none"> Drug Tier 4: <p>Standard Cost-sharing: You pay \$100 per prescription</p> <p>Preferred Cost-sharing: You pay \$90 per prescription</p>	<ul style="list-style-type: none"> Drug Tier 4: <p>Standard Cost-sharing: You pay \$100 per prescription</p> <p>Preferred Cost-sharing: You pay \$90 per prescription</p>

Cost	2021 (this year)	2022 (next year)
	<ul style="list-style-type: none"> Drug Tier 5: <p>Standard Cost-sharing: You pay 33% of the total cost</p> <p>Preferred Cost-sharing: You pay 33% of the total cost</p>	<ul style="list-style-type: none"> Drug Tier 5: <p>Standard Cost-sharing: You pay 33% of the total cost</p> <p>Preferred Cost-sharing: You pay 33% of the total cost</p>
	<ul style="list-style-type: none"> Drug Tier 6: <p>Standard Cost-sharing: You pay \$0 per prescription</p> <p>Preferred Cost-sharing: You pay \$0 per prescription</p>	<ul style="list-style-type: none"> Drug Tier 6: <p>Standard Cost-sharing: You pay \$0 per prescription</p> <p>Preferred Cost-sharing: You pay \$0 per prescription</p>

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in SSM Health Plan Integrity in 2022

On January 1, 2022, WellFirst Health — Provided by SSM Health Plan — will be combining SSM Health Plan Companion with one of our plans, SSM Health Plan Integrity.

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

The information in this document tells you about the differences between your current benefits in SSM Health Plan Companion and the benefits you will have on January 1, 2022 as a member of SSM Health Plan Integrity.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium	\$0	\$0
Monthly Part B Premium Reduction (You must also continue to pay your Medicare Part B premium.)	\$0	\$35

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

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$2,500 for in-network services Not covered for out-of-network services	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at wellfirsthealth.com/medicare. You may also call the Customer Care Center 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. 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 *Pharmacy Directory* is located on our website at wellfirsthealth.com/medicare. You may also call the Customer Care Center 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*.

Cost	2021 (this year)	2022 (next year)
Acupuncture: Medicare-Covered	In-Network: You pay \$35 copay	In-Network: You pay \$35 copay
	Out-of-Network: Not Covered	Out-of-Network: You pay \$50 copay

Cost	2021 (this year)	2022 (next year)
Annual Physical Exam	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Ambulance Services	In-Network: You pay \$250 copay Out-of-Network: Not Covered	In-Network: You pay \$300 copay Out-of-Network: You pay \$300 copay
Cardiac Rehabilitation Services	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Cardiac Rehabilitation Services: Intensive Cardiac Rehab	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Chiropractic Services: Medicare-Covered	In-Network: You pay \$10 copay Out-of-Network: Not Covered	In-Network: You pay \$15 copay Out-of-Network: You pay \$50 copay
Chiropractic Services: Routine Care	In-Network: You pay \$10 copay per visit for 12 visits every calendar year Out-of-Network: Not Covered	In-Network: You pay \$15 copay per visit for 24 visits every calendar year Out-of-Network: You pay \$50 copay per visit for combined 24 visits every calendar year
Chiropractic Services: Therapeutic Services	In-Network: You pay \$10 copay per visit for 6 visits every calendar year Out-of-Network: Not Covered	In-Network: You pay \$15 copay per visit for 6 visits every calendar year Out-of-Network: You pay \$50 copay per visit for combined 6 visits every calendar year

Cost	2021 (this year)	2022 (next year)
Chiropractic Services: X-Ray	In-Network: We cover up to 2 visits every calendar year Out-of-Network: Not Covered	In-Network: We cover up to 2 visits every calendar year Out-of-Network: We cover up to 2 combined visits every calendar year
Chiropractic Services: Physical Exam	In-Network: We cover up to 2 visits every calendar year Out-of-Network: Not Covered	In-Network: We cover up to 2 visits every calendar year Out-of-Network: We cover up to 2 combined visits every calendar year
Dental: Medicare-Covered	In-Network: You pay \$35 copay Out-of-Network: Not Covered	In-Network: You pay \$35 copay Out-of-Network: You pay \$50 copay
Dental: Periodontal Surgical Services	In-Network: You pay \$95 copay Out-of-Network: Not Covered	In-Network: You pay \$595 copay Out-of-Network: Not Covered
Diabetic Self-Management Training	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Diabetic Shoe Inserts	In-Network: You pay 20% coinsurance Out-of-Network: Not Covered	In-Network: You pay 20% coinsurance Out-of-Network: You pay 40% coinsurance
Diabetic Supplies and Services	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay 40% coinsurance

Cost	2021 (this year)	2022 (next year)
Durable Medical Equipment (DME) and Supplies	<p>In-Network: You pay 20% coinsurance for DME and related supplies.</p> <p>You pay 20% coinsurance for continuous glucose monitors and related supplies.</p> <p>Cost-sharing is the same for continuous glucose monitors and supplies at either a pharmacy or a DME supplier</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay 20% coinsurance for DME and related supplies.</p> <p>You pay \$0 copay for continuous glucose monitors and related supplies when obtained from a network pharmacy.</p> <p>Out-of-Network: You pay 40% coinsurance for DME and related supplies.</p> <p>You pay 40% coinsurance for continuous glucose monitors and related supplies.</p>
Hearing Services: Medicare-Covered Exam	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$60 copay</p>
Home Health Services	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay 20% coinsurance</p>
Home Infusion Therapy	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay 20% coinsurance</p>

Cost	2021 (this year)	2022 (next year)
Home Infusion Therapy	Medicare-covered services only	In addition to Medicare-covered services, we cover home infusion therapy services that are not covered by the Original Medicare. This includes home infusion services for intravenous treatments ordered by your provider for home infusion.
Inpatient Hospital Care	<p>In-Network: You pay \$325 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 to discharge</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>You are covered for an unlimited number of medically necessary inpatient hospital days.</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$325 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 to discharge</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>You are covered for an unlimited number of medically necessary inpatient hospital days.</p> <p>Out-of-Network: You pay \$500 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 to discharge</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>You are covered for an unlimited number of medically necessary inpatient hospital days.</p>

Cost	2021 (this year)	2022 (next year)
Inpatient Mental Health Care	<p>In-Network: You pay \$325 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 - 90</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>Coverage is limited to 90 days per benefit period.</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$325 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 - 90</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>Coverage is limited to 90 days per benefit period.</p> <p>Out-of-Network: You pay \$500 copay each day for days 1 - 7</p> <p>You pay \$0 each day for days 8 - 90</p> <p>Cost-sharing is applied for each inpatient stay.</p> <p>Coverage is limited to 90 days per benefit period.</p>
Medicare-Covered Preventive Services	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$30 copay</p>
Medicare-Covered Preventive Services – Barium Enemas	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$30 copay</p>
Medicare-Covered Preventive Services – Digital Rectal Exams	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$30 copay</p>
Medicare-Covered Preventive Services – EKG following Welcome Visit	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$30 copay</p>

Cost	2021 (this year)	2022 (next year)
Medicare-Covered Preventive Services – Glaucoma Screening	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Medicare-Covered Preventive Services -- Other Preventive Exams and Screenings	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Opioid Treatment Services	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$60 copay
Outpatient Blood Services	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay 20% coinsurance
Outpatient Diagnostic Tests	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay 20% coinsurance
Outpatient Diagnostic Labs	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay 20% coinsurance

Cost	2021 (this year)	2022 (next year)
Outpatient Diagnostic Radiology Services	<p>In-Network: You pay \$100 copay for diagnostic radiology</p> <p>You pay \$0 copay for diagnostic mammograms</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$100 copay for diagnostic radiology</p> <p>You pay \$0 copay for diagnostic mammograms</p> <p>Out-of-Network: You pay 20% coinsurance for diagnostic radiology</p> <p>You pay 20% coinsurance for diagnostic mammograms</p>
Outpatient Therapeutic Radiology Services	<p>In-Network: You pay \$35 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$35 copay</p> <p>Out-of-Network: You pay 20% coinsurance</p>
Outpatient Diagnostic X-Ray	<p>In-Network: You pay \$10 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$10 copay</p> <p>Out-of-Network: You pay 20% coinsurance</p>
Outpatient Hospital Observation Services	<p>In-Network: You pay \$275 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$275 copay</p> <p>Out-of-Network: You pay 20% coinsurance</p>
Outpatient Mental Health Care: Individual Therapy (Non-Physician)	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$30 copay</p>
Outpatient Mental Health Care: Group Therapy (Non-Physician)	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$30 copay</p>

Cost	2021 (this year)	2022 (next year)
Outpatient Mental Health Care: Individual Therapy (Psychiatrist)	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Outpatient Mental Health Care: Group Therapy (Psychiatrist)	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Outpatient Rehabilitation Services: Occupational Therapy	In-Network: You pay \$35 copay Out-of-Network: Not Covered	In-Network: You pay \$35 copay Out-of-Network: You pay \$60 copay
Outpatient Rehabilitation Services: Physical Therapy and Speech Therapy	In-Network: You pay \$35 copay per visit Out-of-Network: Not Covered	In-Network: You pay \$35 copay per visit Out-of-Network: You pay \$60 copay per visit
Outpatient Substance Abuse Services: Individual Therapy	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$60 copay
Outpatient Substance Abuse Services: Group Therapy	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$60 copay

Cost	2021 (this year)	2022 (next year)
Outpatient Surgery: Outpatient Hospital	<p>In-Network: You pay \$275 copay for outpatient hospital surgery</p> <p>You pay \$0 copay for screening colonoscopies that result in biopsy or removal of any growth during the procedure</p> <p>Minor surgical services performed during an office visit will only be charged physician services cost-sharing</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$275 copay for outpatient hospital surgery</p> <p>You pay \$0 copay for screening colonoscopies that result in biopsy or removal of any growth during the procedure</p> <p>Minor surgical services performed during an office visit will only be charged physician services cost-sharing</p> <p>Out-of-Network: You pay 20% coinsurance for outpatient hospital surgery</p> <p>You pay 20% coinsurance for screening colonoscopies that result in biopsy or removal of any growth during the procedure</p>

Cost	2021 (this year)	2022 (next year)
Outpatient Surgery: Ambulatory Surgical Center	<p>In-Network: You pay \$175 copay for ambulatory surgical center services</p> <p>You pay \$0 copay for screening colonoscopies that result in biopsy or removal of any growth during the procedure</p> <p>Minor surgical services performed during an office visit will only be charged physician services cost-sharing</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$175 copay for ambulatory surgical center services</p> <p>You pay \$0 copay for screening colonoscopies that result in biopsy or removal of any growth during the procedure</p> <p>Minor surgical services performed during an office visit will only be charged physician services cost-sharing</p> <p>Out-of-Network: You pay 20% coinsurance for ambulatory surgical center services</p> <p>You pay 20% coinsurance for screening colonoscopies that result in biopsy or removal of any growth during the procedure</p>
Part B Drugs - Chemotherapy	<p>In-Network: You pay 20% coinsurance</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay 20% coinsurance</p> <p>Out-of-Network: You pay 20% coinsurance</p>

Cost	2021 (this year)	2022 (next year)
Part B Drugs - Others	<p>In-Network: You pay 20% coinsurance for intravenous, subcutaneous, and biological Part B drugs</p> <p>You pay 20% coinsurance for Part B prescription drugs received in the pharmacy</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay 20% coinsurance for intravenous, subcutaneous, and biological Part B drugs</p> <p>You pay \$0 - \$47 copay for Part B prescription drugs received in the pharmacy</p> <p>Out-of-Network: You pay 20% coinsurance for intravenous, subcutaneous, and biological Part B drugs</p> <p>You pay 20% coinsurance for Part B prescription drugs received in the pharmacy</p>
Partial Hospitalization Services	<p>In-Network: You pay \$55 copay</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay</p> <p>Out-of-Network: You pay \$100 copay</p>
Physician Services: Primary Care Physician	<p>In-Network: You pay \$0 copay per visit</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$0 copay per visit</p> <p>Out-of-Network: You pay \$50 copay per visit</p>
Physician Services: Specialist Physician	<p>In-Network: You pay \$35 copay per visit</p> <p>Out-of-Network: Not Covered</p>	<p>In-Network: You pay \$35 copay per visit</p> <p>Out-of-Network: You pay \$50 copay per visit</p>

Cost	2021 (this year)	2022 (next year)
Physician Services: Palliative Care	In-Network: You pay \$35 copay per visit Out-of-Network: Not Covered	In-Network: You pay \$0 copay per visit Out-of-Network: You pay \$0 copay per visit
Physician Services: Telehealth Services	In-Network: You pay \$0 - \$35 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 - \$60 copay
Podiatry Services: Medicare-Covered	In-Network: You pay \$35 copay Out-of-Network: Not Covered	In-Network: You pay \$35 copay Out-of-Network: You pay \$50 copay
Podiatry Services: Routine Footcare	In-Network: You pay \$35 copay per visit for 10 visits every calendar year Out-of-Network: Not Covered	In-Network: You pay \$35 copay per visit for 10 visits every calendar year Out-of-Network: You pay \$50 copay per visit for combined 10 visits every calendar year
Prosthetic Devices	In-Network: You pay 20% coinsurance Out-of-Network: Not Covered	In-Network: You pay 20% coinsurance Out-of-Network: You pay 40% coinsurance
Prosthetic Supplies	In-Network: You pay 20% coinsurance Out-of-Network: Not Covered	In-Network: You pay 20% coinsurance Out-of-Network: You pay 40% coinsurance
Pulmonary Rehabilitation Services	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay

Cost	2021 (this year)	2022 (next year)
Services to Treat Kidney Disease: Kidney Disease Education	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Services to Treat Kidney Disease: Outpatient Dialysis Treatment	In-Network: You pay 20% coinsurance Out-of-Network: Not Covered	In-Network: You pay 20% coinsurance Out-of-Network: You pay 20% coinsurance
Skilled Nursing Facility	In-Network: You pay \$0 copay each day for days 1 - 20 You pay \$184 copay each day for days 21 - 100 Cost-sharing is applied per benefit period. Coverage is limited to 100 days per benefit period. Out-of-Network: Not Covered	In-Network: You pay \$0 copay each day for days 1 - 20 You pay \$184 copay each day for days 21 - 100 Cost-sharing is applied per benefit period. Coverage is limited to 100 days per benefit period. Out-of-Network: You pay \$150 copay each day for days 1 - 100 Cost-sharing is applied per benefit period. Coverage is limited to 100 days per benefit period.

Cost	2021 (this year)	2022 (next year)
Supervised Exercise Therapy for Peripheral Arterial Disease	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay
Vision Care: Medicare-Covered Exam	In-Network: You pay \$0 copay Out-of-Network: Not Covered	In-Network: You pay \$0 copay Out-of-Network: You pay \$30 copay

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. **You can get the *complete Drug List*** by calling the Customer Care Center (see Section 7.1) or visiting our website [wellfirsthealth.com/medicare](https://www.wellfirsthealth.com/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 the Customer Care Center.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call the Customer Care Center to ask for a list of covered drugs that treat the same medical condition.

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

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

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 the 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. If you receive “Extra Help” and haven’t received this insert by 9/30/2021, please call the Customer Care Center 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 your *Evidence of Coverage*, which is located on our website at wellfirsthealth.com/medicare. You may also call the Customer Care Center for information or to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
Stage 1: Yearly Deductible Stage There is no deductible for SSM Health Plan Integrity. You begin in the Initial Coverage Stage when you fill your first prescription of 2022.	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

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>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 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>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>You pay \$30 per prescription at preferred pharmacies and \$35 per prescription at standard retail pharmacies for insulins covered on our formulary.</p>	<p>Your cost for a retail one-month supply filled at a network pharmacy</p> <p>Tier 1:</p> <p>Standard Cost Sharing: You pay \$7 per prescription</p> <p>Preferred Cost Sharing: You pay \$0 per prescription</p>	<p>Your cost for a retail one-month supply filled at a network pharmacy</p> <p>Tier 1:</p> <p>Standard Cost Sharing: You pay \$7 per prescription</p> <p>Preferred Cost Sharing: You pay \$0 per prescription</p>
	<p>Tier 2:</p> <p>Standard Cost Sharing: You pay \$12 per prescription</p> <p>Preferred Cost Sharing: You pay \$5 per prescription</p>	<p>Tier 2:</p> <p>Standard Cost Sharing: You pay \$12 per prescription</p> <p>Preferred Cost Sharing: You pay \$5 per prescription</p>
	<p>Tier 3:</p> <p>Standard Cost Sharing: You pay \$47 per prescription</p> <p>Preferred Cost Sharing: You pay \$40 per prescription</p>	<p>Tier 3:</p> <p>Standard Cost Sharing: You pay \$47 per prescription</p> <p>Preferred Cost Sharing: You pay \$40 per prescription</p>
	<p>Tier 4:</p> <p>Standard Cost Sharing: You pay \$100 per prescription</p> <p>Preferred Cost Sharing: You pay \$90 per prescription</p>	<p>Tier 4:</p> <p>Standard Cost Sharing: You pay \$100 per prescription</p> <p>Preferred Cost Sharing: You pay \$90 per prescription</p>

	<p>Tier 5:</p> <p>Standard Cost Sharing: You pay 33% of the total cost</p> <p>Preferred Cost Sharing: You pay 33% of the total cost</p>	<p>Tier 5:</p> <p>Standard Cost Sharing: You pay 33% of the total cost</p> <p>Preferred Cost Sharing: You pay 33% of the total cost</p>
	<p>Tier 6:</p> <p>Standard Cost Sharing: You pay \$0 per prescription</p> <p>Preferred Cost Sharing: You pay \$0 per prescription</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 6:</p> <p>Standard Cost Sharing: You pay \$0 per prescription</p> <p>Preferred Cost Sharing: 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.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SSM Health Plan Integrity offers additional gap coverage for insulins covered on our formulary. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$30 per prescription at preferred pharmacies and \$35 per prescription at standard retail pharmacies.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in SSM Health Plan Integrity

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 SSM Health Plan Integrity.

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (SHIP) (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, WellFirst Health — Provided by SSM Health Plan — 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 SSM Health Plan Integrity.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from SSM Health Plan Integrity.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact the Customer Care Center 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. The State Health Insurance Assistance Program in your area is:

- Illinois: Illinois Senior Health Insurance Program (SHIP)
- Missouri: Missouri CLAIM Senior Health Insurance Program

Your 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 rights, help you make complaints about your medical care or treatment, and help you straighten out problems with your Medicare bills. SHIP counselors can also help you understand your Medicare plan choices and answer questions about switching plans.

Method	Missouri CLAIM Senior Health Insurance Program (SHIP) – Contact Information
CALL	1-800-390-3330

Method	Missouri CLAIM Senior Health Insurance Program (SHIP) – Contact Information
TTY	711. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Missouri CLAIM Senior Health Insurance Program (SHIP) 4215 Philips Farm Rd, Suite 101-A Columbia, MO 65201
WEBSITE	www.missouricclaim.org

Method	Illinois Senior Health Insurance Program (SHIP) – Contact Information
CALL	1-800-252-8966
TTY	1-888-206-1327. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Illinois Senior Health Insurance Program (SHIP) One Natural Resources Way, Suite 100 Springfield, IL 62702-1271
WEBSITE	www2.illinois.gov/aging/ship

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).
- 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 State AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your State ADAP office listed below.

Method	Missouri: AIDS Drug Assistance Program (ADAP) – Contact Information
CALL	1-573-751-6439 Hours of operation are 8 am to 5 pm Monday through Friday
WRITE	Missouri Department of Health and Senior Services, Bureau of HIV,STD and Hepatitis PO Box 570, Jefferson City, MO 65102-0570
WEBSITE	www.health.mo.gov/living/healthcondiseases/

Method	Illinois: Illinois AIDS Drug Assistance Program (ADAP) – Contact Information
CALL	1-217-782-4977 Hours of operation are 8 am to 5:30 pm Monday through Friday
WRITE	Illinois ADAP 525 W Jefferson St, Floor 1, Springfield, IL 62761
WEBSITE	www.hivcareconnect.com/adap

SECTION 7 Questions?

Section 7.1 – Getting Help from SSM Health Plan Integrity

Questions? We're here to help. Please call the Customer Care Center 1-877-301-3326 toll-free. TTY only, call 711. We are available for phone calls from 8 am to 8 pm. However, please note that our automated phone system may answer your call during all Federal holidays and weekends from April 1 to September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day. Calls to 1-877-301-3326 and TTY 711 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 SSM Health Plan Integrity. 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. The *Evidence of Coverage* is located on our website at [wellfirsthealth.com/medicare](https://www.wellfirsthealth.com/medicare). You may also call the Customer Care Center for information or to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at [wellfirsthealth.com/medicare](https://www.wellfirsthealth.com/medicare). 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.