



Network Platinum^{Plus} (PPO) offered by Network Health Insurance Corporation

Annual Notice of Changes for 2022

You are currently enrolled as a member of Network Platinum^{Plus}. 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 1.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our *Provider 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 2.2 to learn more about your choices.

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

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

- If you don't join another plan by December 7, 2021, you will be enrolled in Network Platinum*Plus*.
- 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 Network Platinum*Plus*.
- 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 Network Platinum*Plus*

- Network Health Medicare Advantage Plans include PPO, MSA and HMO plans 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 Network Platinum*Plus*.
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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Network PlatinumPlus 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 1.1 for details.)	\$51	\$51
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From in-network providers: \$3,400 From in-network and out-of-network providers combined: \$3,400	From in-network providers: \$3,400 From in-network and out-of-network providers combined: \$3,400
Doctor office visits	In-Network Primary care visits: \$15 per visit Specialist visits: \$40 per visit Out-of-Network Primary care visits: \$15 per visit Specialist visits: \$40 per visit	In-Network Primary care visits: \$15 per visit Specialist visits: \$40 per visit Out-of-Network Primary care visits: \$15 per visit Specialist visits: \$40 per visit

Cost	2021 (this year)	2022 (next year)
<p>Inpatient hospital care</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services.</p> <p>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</p> <p>\$175 copayment per day for days 1-5 of a Medicare-covered inpatient hospital stay, for each admission.</p> <p>\$0 copayment per day for all other days of a Medicare-covered stay in a hospital, for each admission.</p> <p>Out-of-Network</p> <p>\$175 copayment per day for days 1-5 of a Medicare-covered inpatient hospital stay, for each admission.</p> <p>\$0 copayment per day for all other days of a Medicare-covered stay in a hospital, for each admission.</p>	<p>In-Network</p> <p>\$175 copayment per day for days 1-5 of a Medicare-covered inpatient hospital stay, for each admission.</p> <p>\$0 copayment per day for all other days of a Medicare-covered stay in a hospital, for each admission.</p> <p>Out-of-Network</p> <p>\$175 copayment per day for days 1-5 of a Medicare-covered inpatient hospital stay, for each admission.</p> <p>\$0 copayment per day for all other days of a Medicare-covered stay in a hospital, for each admission.</p>

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$51	No change
Dental Optional Supplemental Benefit premium	\$38	\$39

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” 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)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.	No change
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	No change

Section 1.3 – 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 networkhealth.com/provider-resources/printable-directory. You may also call our member experience team 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 1.4 – 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*. A copy of the *Evidence of Coverage* is located on our website at networkhealth.com/medicare/plan-materials.

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)
Chiropractic services	Out-of-Network No prior authorization required	Out of Network Requires prior authorization
Hearing services – additional benefits	Qualifying hearing aids from a participating provider are discounted to \$795 - \$2,370 per hearing aid. Non-Medicare covered routine hearing exams are not covered.	In-Network You pay a \$679 - \$2,299 copayment per hearing aid. You pay a \$0 copayment for each non-Medicare covered routine hearing exam. Out-of-Network You pay a \$679 - \$2,299 copayment per hearing aid. Hearing aids must be purchased through our in-network partner. You pay a \$40 copayment for a non-Medicare covered routine hearing exam.

Cost	2021 (this year)	2022 (next year)
<p>Help with Certain Chronic Conditions – Palliative Care</p>	<p>In-Network You pay a \$0 copayment for one home-based palliative care consultation and evaluation for members with an end-stage (stage 4) cancer diagnosis.</p> <p>Out-of-Network You pay a \$0 copayment for one home-based palliative care consultation and evaluation for members with an end-stage (stage 4) cancer diagnosis.</p>	<p>In-Network You pay a \$0 copayment for one home-based palliative care consultation and evaluation and up to two follow up home-based palliative care visits for members with cancer.</p> <p>Out-of-Network You pay a \$0 copayment for one home-based palliative care consultation and evaluation and up to two follow up home-based palliative care visits for members with cancer.</p>
<p>Home health Services</p>	<p>Out of Network No prior authorization required</p>	<p>Out of Network Requires prior authorization</p>
<p>Occupational therapy services</p>	<p>Out of Network No prior authorization required</p>	<p>Out of Network Requires prior authorization</p>
<p>Physician Specialist services excluding Psychiatric Services</p>	<p>Out of Network No prior authorization required</p>	<p>Out of Network Requires prior authorization</p>
<p>Podiatry Services</p>	<p>Out of Network No prior authorization required</p>	<p>Out of Network Requires prior authorization</p>

Cost	2021 (this year)	2022 (next year)
<p>Skilled nursing facility (SNF) care</p>	<p>Per admission</p> <p>In-Network</p> <p>You pay a \$20 copayment per day, days 1-20 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$184 copayment per day, days 21-54 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$0 copayment per day, days 55-100 for a Medicare-covered skilled nursing facility stay.</p> <p>Out-of-Network</p> <p>You pay a \$20 copayment per day, days 1-20 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$184 copayment per day, days 21-54 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$0 copayment per day, days 55-100 for a Medicare-covered skilled nursing facility stay.</p> <p>You are covered for up to 100 days per admission.</p>	<p>Per admission</p> <p>In-Network</p> <p>You pay a \$20 copayment per day, days 1-20 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$188 copayment per day, days 21-40 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$0 copayment per day, days 41-100 for a Medicare-covered skilled nursing facility stay.</p> <p>Out-of-Network</p> <p>You pay a \$20 copayment per day, days 1-20 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$188 copayment per day, days 21-40 for Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$0 copayment per day, days 41-100 for a Medicare-covered skilled nursing facility stay.</p> <p>You are covered for up to 100 days per admission.</p>
<p>Telemonitoring for members diagnosed with chronic and congestive heart failure - to monitor and manage symptoms, adherence to diet and medications, optimal fluid status and daily physical activity.</p>	<p>In-Network</p> <p>You pay 0% of the cost for non-Medicare covered telemonitoring.</p> <p>Out-of-Network</p> <p>You pay 0% of the cost for non-Medicare covered telemonitoring.</p>	<p>Not covered</p> <p>Virtual visits and other telehealth services continue to be covered in 2022.</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Network Platinum*Plus*

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 Network Platinum*Plus*.

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 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **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. 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 Network Platinum*Plus*.
 - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Network Platinum*Plus*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - 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 7.1 of this booklet).
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage and those who move out of the service area, may be allowed to make a change at other times of the year. For more information, see Chapter 8, 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 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

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).

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- **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 (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 life-saving 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 at 608-267-6875 or 800-991-5532. 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 Wisconsin AIDS/HIV Drug Assistance Program (ADAP) at 608-267-6875 or 800-991-5532.

SECTION 6 Questions?

Section 6.1 – Getting Help from Network PlatinumPlus

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 Network PlatinumPlus. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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.