



SSM Health Plan Harmony (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 Harmony. 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 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 **SSM Health Plan Harmony**.
- 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 Harmony**.
- 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 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 6.1 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 6).
- **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 Harmony

- 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 Harmony.

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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for SSM Health Plan Harmony 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 wellfirstthehealth.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 See Section 1.1 for details.	\$0	\$0
Monthly Part B Premium Reduction (You must also continue to pay your Medicare Part B premium.)	\$50	\$50
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 1.2 for details.)	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined	\$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: You pay \$30 copay per visit Specialist visits: In-Network: You pay \$35 copay per visit Out-of-Network: You pay \$60 copay per visit	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)
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>In-Network: You pay \$300 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>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>

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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	\$0	\$0
Monthly Part B Premium Reduction (You must also continue to pay your Medicare Part B premium.)	\$50	\$50

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

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered 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 does not count toward your maximum out-of-pocket amount.	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined

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 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 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*.

Cost	2021 (this year)	2022 (next year)
Acupuncture: Medicare-Covered	In-Network: You pay \$35 copay Out-of-Network: You pay \$60 copay	In-Network: You pay \$35 copay Out-of-Network: You pay \$50 copay

Cost	2021 (this year)	2022 (next year)
Ambulance Services	In-Network: You pay \$250 copay Out-of-Network: You pay 40% coinsurance	In-Network: You pay \$300 copay Out-of-Network: You pay \$300 copay
Chiropractic Services: Medicare-Covered	In-Network: You pay \$10 copay Out-of-Network: You pay \$30 copay	In-Network: You pay \$10 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: You pay \$30 copay per visit for combined 12 visits every calendar year	In-Network: You pay \$10 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: You pay \$30 copay per visit for combined 6 visits every calendar year	In-Network: You pay \$10 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
Dental: Medicare-Covered	In-Network: You pay \$35 copay Out-of-Network: You pay \$60 copay	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

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: You pay 40% coinsurance for DME and related supplies.</p> <p>You pay 40% coinsurance for continuous glucose monitors and related supplies.</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>
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.

Cost	2021 (this year)	2022 (next year)
Inpatient Hospital Care	<p>In-Network: You pay \$300 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>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 \$300 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>	<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>
Outpatient Hospital Observation Services	<p>In-Network: You pay \$250 copay</p> <p>Out-of-Network: You pay 20% coinsurance</p>	<p>In-Network: You pay \$275 copay</p> <p>Out-of-Network: You pay 20% coinsurance</p>

Cost	2021 (this year)	2022 (next year)
<p>Outpatient Surgery: Outpatient Hospital</p>	<p>In-Network: You pay \$250 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>	<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 \$150 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>	<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>

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: 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>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: You pay \$100 copay</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: You pay \$30 copay per visit</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: You pay \$60 copay per visit</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: You pay \$60 copay per visit	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: You pay \$30 - \$60 copay	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: You pay \$60 copay	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: You pay \$60 copay per visit for combined 10 visits every calendar year	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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in SSM Health Plan Harmony

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 Harmony.

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 (SHIP) (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, 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 Harmony.
- 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 Harmony.
- 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 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

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

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

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

Method	Illinois Senior Health Insurance Program (SHIP) – Contact Information
WRITE	Illinois Senior Health Insurance Program (SHIP) One Natural Resources Way, Suite 100 Springfield, IL 62702-1271
WEBSITE	www2.illinois.gov/aging/ship

SECTION 5 Programs That Help Pay for Prescription Drugs

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

- “Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- 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. 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.

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 6 Questions?

Section 6.1 – Getting Help from SSM Health Plan Harmony

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 Harmony. 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. 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*).

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, 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.