



## ***Integra Harmony (HMO SNP) offered by Integra Managed Care, Inc.***

# **Annual Notice of Changes for 2022**

You are currently enrolled as a member of Integra Harmony (HMO SNP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

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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 1.5 and 1.6 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 1.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 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](http://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 Integra Harmony (HMO SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 3.2, page 15 to learn more about your choices.

## 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 Integra Harmony (HMO SNP).
- If you join another plan between **October 15** and **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

## Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-877-388-5195 for additional information. (TTY users should call 711.) Our hours of operation are 8 am to 8 pm seven days a week from October 1 to March 31, and 8 am to 8 pm Monday through Friday from April 1 to September 30.
- This information is available in a different format, including Spanish, Braille, large print, and audio tapes
- **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 <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

## About Integra Harmony (HMO SNP)

- Integra Managed Care is an HMO plan with a Medicare contract. The plan also has a written agreement with the New York State Medicaid program to coordinate your Medicaid benefits. Enrollment in Integra Managed Care depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Integra Managed Care. When it says “plan” or “our plan,” it means Integra Harmony (HMO SNP).

**Summary of Important Costs for 2022**

The table below compares the 2021 costs and 2022 costs for Integra Harmony (HMO SNP) 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 <https://www.integramanagedcare.com/member-resources>. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.**

These are 2021 cost-sharing amounts and may change for 2022. Integra Harmony (HMO SNP) will provide updated rates as soon as they are released.

Cost	2021 (this year)	2022 (next year)
<p><b>Monthly plan premium*</b>                      * Your premium may fall somewhere within this range depending upon the level of Medicare Cost Sharing assistance under Medicaid.</p>	<p>\$0 - \$42.30</p>	<p>\$0 - \$42.40</p>

Cost	2021 (this year)	2022 (next year)
<b>Deductible</b>	<p>For Part B services \$0 or \$203 per year.</p> <p>The Part A Deductible is \$1,484 per benefit period.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>For Part B services \$0 or \$203 per year.</p> <p>The Part A Deductible is \$1,484 per benefit period.</p> <p>These are 2021 cost-sharing amounts and may change for 2021. Integra Harmony (HMO SNP) will provide updated rates as soon as they are released.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<b>Doctor office visits</b>	<p>Primary care visits: 0% or 20% coinsurance per visit.</p> <p>Specialist visits 0% or 20% coinsurance per visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit</p>	<p>Primary care visits: 0% or 20% coinsurance per visit.</p> <p>Specialist visits 0% or 20% coinsurance per visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit</p>

Cost	2021 (this year)	2022 (next year)
<p><b>Inpatient hospital stays</b> 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>\$0 OR:  \$1,484 deductible per benefit period  \$0 for the first 60 days of each benefit period  \$371 per day for days 61–90 of each benefit period  \$742 per “lifetime reserve day” after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>\$0 OR:  \$1,484 deductible per benefit period  \$0 for the first 60 days of each benefit period  \$371 per day for days 61–90 of each benefit period  \$742 per “lifetime reserve day” after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)  These are 2021 cost-sharing amounts and may change for 2022. Integra Harmony (HMO SNP) will provide updated rates as soon as they are released.  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2021 (this year)	2022 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$445</p> <p><b>Since you receive “Extra Help” to pay your prescription drugs, your deductible is \$0</b></p> <p>Copayment during the Initial Coverage Stage:</p> <p>Generic drugs: \$0, \$1.30 or \$3.70, depending on your level of extra help</p> <p>All other drugs: \$0, 4.00 or \$9.20, depending on your level of extra help</p>	<p>Deductible: \$480</p> <p><b>Since you receive “Extra Help” to pay your prescription drugs, your deductible is \$0</b></p> <p>Copayment during the Initial Coverage Stage:</p> <p>Generic drugs: \$0, \$1.35 or \$3.95, depending on your level of extra help</p> <p>All other drugs: \$0, \$4.00 or \$9.85, depending on your level of extra help</p>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>\$6,700</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$6,700</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## ***Annual Notice of Changes for 2022***

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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)
<p><b>Monthly premium</b>                      (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>Part C: \$0                      Part D: \$0 - \$42.30</p>	<p>Part C: \$0                      Part D: \$0 - \$42.40</p>

**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 services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
<p><b>Maximum out-of-pocket amount</b>                      Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$6,700</p>	<p>\$6,700</p> <p>Once you have paid \$6,700 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

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## Section 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at <https://www.integramanagedcare.com/provider-search>. You may also call Customer Service 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 and managing your care.

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## Section 1.4 – Changes to the Pharmacy Network

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

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at <https://www.integramanagedcare.com/provider-search>. You may also call Customer Service 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.**

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## Section 1.5 – Changes to Benefits and Costs for Medical Services

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Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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, *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 <https://www.integramanagedcare.com/member-resources>. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### **Opioid treatment program services**

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
<p><b>Inpatient Hospital (including inpatient mental health)</b></p>	<p>You pay the following cost sharing per benefit period:                      \$0 or;                      \$1,484 deductible for each benefit period                      Days 1-60: \$0 copayment for each benefit period                      Days 61-90: \$371 copayment per day of each benefit period                      Days 91 and beyond: \$742 copayment for each “lifetime reserve day” after day 90 for each benefit period. (up to 60 days over your lifetime).                      Beyond lifetime reserve days, you are responsible for all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay the following cost sharing per benefit period (These are 2021 cost-sharing amounts and may change for 2022. Integra Harmony (HMO SNP) will provide updated rates as soon as they are released.):                      \$0 or;                      \$1,484 deductible for each benefit period                      Days 1-60: \$0 copayment for each benefit period                      Days 61-90: \$371 copayment per day of each benefit period                      Days 91 and beyond: \$742 copayment for each “lifetime reserve day” after day 90 for each benefit period. (up to 60 days over your lifetime).                      Beyond lifetime reserve days, you are responsible for all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

Cost	2021 (this year)	2022 (next year)
<b>Skilled Nursing Facility</b>	<p>You pay:</p> <p>Days 1-20 of a benefit period: \$0 copayment</p> <p>Days 21-100: \$185.50 copayment per day</p> <p>Days 101 and beyond: not covered under Medicare.</p> <p>Our plan’s Medicare benefits cover up to 100 days each benefit period. A 3-day prior hospital stay is not required. A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay (These are 2021 cost-sharing amounts and may change for 2022. Integra Harmony (HMO SNP) will provide updated rates as soon as they are released.):</p> <p>Days 1-20 of a benefit period: \$0 copayment</p> <p>Days 21-100: \$185.50 copayment per day</p> <p>Days 101 and beyond: not covered under Medicare.</p> <p>Our plan’s Medicare benefits cover up to 100 days each benefit period. A 3-day prior hospital stay is required. A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<b>Vision Care (Eyewear)</b>	<p>You get a \$150 allowance per year for eyeglasses (lens and frames), contact lenses, and Upgrades.</p> <p>You get one pair of glasses (lens and frames) per year or one pair of contact lenses up to a benefit max of \$150 annually.</p>	<p>You get a \$150 allowance per year for eyeglasses (lens and frames), contact lenses.</p> <p>You get one pair of glasses (lens and frames) per year or contact lenses unlimited up to a benefit max of \$150 annually.</p>

Cost	2021 (this year)	2022 (next year)
<p><b>Over the Counter Allowance</b></p>	<p>You get a \$110 monthly allowance for eligible over the counter items.</p>	<p><b>You get a \$125 monthly allowance for eligible over the counter items.</b></p> <p>This includes Nicotine Replacement Therapy (NRT).</p> <p>This includes up to \$50 eligible to be spent on Food and Grocery items through our OTC program.</p> <p><i>*There is a \$125 monthly cap of which up to \$50 of the \$125 can be spent on Food &amp; Grocery. The funds renew monthly and do not roll over.*</i></p>
<p><b>Psychiatric Services</b></p>	<p>You pay 0% or 45% coinsurance of the total cost for Individual or Group Mental Health services.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay 0% or 20% coinsurance of the total cost for Individual or Group Mental Health services.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>
<p><b>Opioid Treatment Services</b></p>	<p>You pay \$0 or \$185 deductible.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>You pay \$0 or \$203 deductible.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p><b>Diabetic Test Strips and Lancets</b></p>	<p>You pay 20% of the total cost</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay 0% of the total cost</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>

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## Section 1.6 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

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

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
  - 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 Customer Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Services to ask for a list of covered drugs that treat the same medical condition.

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

If you are affected by the formulary change from one plan year to another, we will review your utilization history (history look back is 120 days) to determine eligibility of a 30 day transition fill. We will also send a transition fill letter to you and your doctor advising you to switch to an alternative drug that we cover or ask for an exception. If you and your doctor ask for an exception and are approved; you may need to ask for an exception for your drug every new plan year, you should contact our Customer Service team directly.

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

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

## Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does 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. Because you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Service 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 in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$445.</p> <p>Your deductible amount is either \$0 or \$445, depending on the level of “Extra Help” you receive.</p>	<p>The deductible is \$480.</p> <p>Your deductible amount is either \$0 or \$480, depending on the level of “Extra Help” you receive.</p>



**Changes to Your Cost-sharing in the Initial Coverage Stage**

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></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 <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Generic Drugs:</b> You pay \$0, \$1.30 or \$3.70 per prescription.</p> <p><b>All Other Part D Drugs:</b> You pay \$0, \$4.00 or \$9.20 per prescription.</p> <p>Once your total drug costs have reached \$4,130 you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Generic Drugs:</b> You pay \$0, \$1.35 or \$3.95 per prescription.</p> <p><b>All Other Part D Drugs:</b> You pay \$0, \$4.00 or \$9.85 per prescription.</p> <p>Once your total drug costs have reached \$4,430 you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

Integra Harmony (HMO SNP) will no longer accept Standard Appeals telephonically. As of Plan Year 2022, Integra Harmony (HMO SNP) will only accept Standard Appeal requests in writing.

	2021 (this year)	2022 (next year)
<b>Change in Appeals Procedure</b>	Standard Appeals accepted via telephone and in writing	Standard Appeals will only be accepted in writing

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in Integra Harmony (HMO SNP)**

**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, you will automatically be enrolled in our Integra Harmony (HMO SNP).

**Section 3.2 – If you want to change plans**

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

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

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

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

As a reminder, Integra Managed Care, Inc. 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 Integra Harmony (HMO SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Integra Harmony (HMO SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Changing Plans

If you want to change to a different plan or 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.

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 2.3 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

HIICAP 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. HIICAP 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 HIICAP at 1-800-701-0501. You can learn more about HIICAP by visiting their website at <https://aging.ny.gov/health-insurance-information-counseling-and-assistance>.

For questions about your Medicaid benefits, contact New York Medicaid Choice at 1-800-505-5678, (TTY: 1-888-329-1541), Monday-Friday, 8:30 am to 8:00pm and Saturday, 10am to 6pm. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

## 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.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York State has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through Uninsured Care Programs. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Uninsured Care Programs, ADAP at 1-800-542-2437, TDD 1-518-459-0121, Monday to Friday from 8 am to 5 pm.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Integra Harmony (HMO SNP)

Questions? We’re here to help. Please call Customer Service at 1-877-388-5195. (TTY only, call 711.) Our hours of operation are 8 am to 8 pm seven days a week from October 1 to March 31, and 8 am to 8 pm Monday through Friday from April 1 to September 30. Calls to these numbers are free.

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**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 Integra Harmony (HMO SNP). 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 <https://www.integramanagedcare.com/member-resources>. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

**Visit our Website**

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

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**Section 7.2 – Getting Help from Medicare**

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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 (<https://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 <https://www.medicare.gov> and click on “Find health & drug plans.”)

**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](http://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.

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**Section 7.3 – Getting Help from Medicaid**

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To get information from Medicaid you can contact the New York State Medicaid Helpline 1-800-541-2831, from 8:00 a.m. through 8:00 p.m., Monday through Friday and from 9:00 a.m. to 1:00 p.m., on Saturday. For TTY, please call 1-800-662-1220.

## **Non-Discrimination Notice**

Integra Managed Care complies with Federal civil rights laws. Integra Managed Care does not exclude people or treat them differently because of race, color, national origin, disability, age or sex.

Integra Managed Care provides the following:

- Aids and services to people with disabilities to help communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Integra Managed Care at 1-877-388-5195; TTY 711

If you believe that Integra Managed Care has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Integra Managed Care by:

- Phone: 1-877-388-5195 TTY users should call: 711
- Fax: 1-516-321-4639
- Mail: Integra Managed Care  
PO Box 18023  
Hauppauge, New York 11788

You can also file a civil rights complaint with the U.S. Department of Health and Human services, Office for Civil Rights by:

- Web: Office for Civil rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms available at: <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD: 800-537-7697)

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-388-5195. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-388-5195. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-877-388-5195。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-877-388-5195。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kamisa 1-877-388-5195. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-388-5195. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-388-5195 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-388-5195. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-388-5195 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-388-5195. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** اننا نقدم خدمات المترجم الفوري للاجابة عن اى اسئلة تتعلق بخططنا للصحة او جدول الادوية لدينا للحصول على مترجم فوري; ليس عليك سوى الاتصال على الرقم التالى 1-877-388-5195. سيقوم شخص ما يتحدث اللغة الانجليزية بمساعدتك. هذه خدمة مجانية

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-388-5195. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete,

contacte-nos através do número 1-877-388-5195. Irá encontrar alguém que fale idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-388-5195. Yon moun ki pale Kreyòl kapab edew. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-388-5195. Ta usługa jest bezpłatna.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-388-5195 फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えする ために、無料の通訳サービスがあります。通訳をご用命になるには、 1-877-388-5195 にお電話ください。日本語を話す人 者が 支援いたします。これは 無料のサービスです。