# Annual Notice of Change

MEDICARE ADVANTAGE | 2022

ESSENCE ADVANTAGE GOLD (HMO)

ESSENCE HEALTHCARE™

Serving the California counties of Alameda and San Mateo

## Essence Advantage Gold (HMO) offered by Essence Healthcare

# Annual Notice of Changes for 2022

You are currently enrolled as a member of Stanford Health Care Advantage Gold. 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 2.5 and 2.6 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2022 Drug List and look in Section 2.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit Go.Medicare.gov/DrugPrices and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.



OMB Approval 0938-1051 (Expires: February 29, 2024)

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 2.3 for information about our Provider/Pharmacy 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 4 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 Essence Advantage Gold.
- 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 Essence Advantage Gold.
- 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

- This document is available for free in Spanish and Chinese.
- Please contact our Customer Service number at 1-855-996-8422 for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m., seven days a week.

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.

- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711).
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711).
- This document may be available in other formats such as braille, large print or other alternate formats.

- **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 Essence Advantage Gold

- Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.
- Essence Healthcare es un plan HMO con un contrato con Medicare. La inscripción en Essence Healthcare depende de la renovación del contrato.
- Essence Healthcare 是一項簽有 Medicare 合約的 HMO 計劃。能否在 Essence Healthcare 註冊參保視合約續簽情況而定。
- When this booklet says "we," "us," or "our," it means Essence Healthcare When it says "plan" or "our plan," it means Essence Advantage Gold.

## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Essence Advantage Gold in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at www.EverythingEssence.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage.*

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher or lower than this amount. See Section 1.1 for details. | $69 | $59 |
| **Maximum out-of-pocket amount** <br> This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | $6,500 | $5,900 |
| **Doctor office visits** | Primary care visits: $10 per visit <br><br> Specialist visits: $30 per visit | Primary care visits: $5 per visit <br><br> Specialist visits: $35 per visit |
| **Inpatient hospital stays** <br> 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. | $275 copay per day, per stay: Days 1-7. <br><br> $0 copay per day, per stay: Days 8 and beyond. | $315 copay per day, per stay: Days 1-7. <br><br> $0 copay per day, per stay: Days 8 and beyond. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.6 for details.)<br><br>To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by looking for a "SI" label on the Drug List. If you have questions about the Drug List, you can also call Customer Service (phone numbers for Customer Service are printed on the back cover of this booklet). | Deductible: $250<br>(Applies to drugs in tiers 3, 4 and 5)<br><br>Copay/Coinsurance during the Initial Coverage Stage:<br><br>**Standard Cost Share Pharmacy 30-day Supply**<br>• Drug Tier 1: $5 copay<br>• Drug Tier 2: $15 copay<br>Select Insulins: Not offered<br>• Drug Tier 3: $47 copay<br>Select Insulins: Not offered<br>• Drug Tier 4: $100 copay<br>• Drug Tier 5: 28% coinsurance<br>• Drug Tier 6: $2 copay | Deductible: $0<br><br>Copay/Coinsurance during the Initial Coverage Stage:<br><br>**Standard Cost Share Pharmacy 30-day Supply**<br>• Drug Tier 1: $5 copay<br>• Drug Tier 2: $15 copay<br>Select Insulins: Offered with a $15 copay<br>• Drug Tier 3: $47 copay<br>Select Insulins: Offered with a $35 copay<br>• Drug Tier 4: $100 copay<br>• Drug Tier 5: 33% coinsurance<br>• Drug Tier 6: $0 copay |

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

## SECTION 1 We Are Changing the Plan's Name

On January 1, 2022, our plan name will change from Stanford Health Care Advantage Gold to Essence Advantage Gold.

We will be sending new member ID cards for plan year 2022 to you in the mail and all plan year 2022 member communications will have the Essence Advantage Gold plan name.

## SECTION 2 Changes to Benefit and Cost for Next Year

### Section 2.1 – Changes to the Monthly Premium

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $69 | $59 |
| **Monthly optional supplemental benefits premium**<br>For more information, see Chapter 4, Section 2.2, *Extra "optional supplemental" benefits you can buy, in your 2022 Evidence of Coverage.* | $20 | $20 for OSB Package 1 (Dental (DHMO) and Vision)<br><br>$38 for OSB Package 2 (Dental (PPO) and Vision) |

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

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

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

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $6,500 | $5,900<br>Once you have paid $5,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

## Section 2.3 – Changes to the Provider Network

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

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.

- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

## Section 2.4 – Changes to the Pharmacy Network

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

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

## Section 2.5 – Changes to Benefits and Costs for Medical Services

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

**Opioid treatment program services**

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

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

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Acupuncture for chronic low back pain** | You pay a $30 copay for Medicare-covered acupuncture services.<br><br>Prior authorization is required. | You pay a $35 copay for each Medicare-covered acupuncture visit.<br><br>Prior authorization is not required. |
| **Cardiac rehabilitation services** | Prior authorization is required. | Prior authorization is not required. |
| **Chiropractic services** | Prior authorization is required. | Prior authorization is not required. |
| **Dental services** | You pay a $20 copay for Medicare-covered dental services.<br><br>A referral from your PCP is not required to visit an oral surgeon for Medicare-covered services.<br><br>Prior authorization is not required to visit an oral surgeon for Medicare-covered services. | You pay a $35 copay for Medicare-covered dental services.<br><br>A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization. |
| **Emergency care** | You pay a $80 copay for Medicare-covered Emergency Care/Post-Stabilization Services.<br><br>Worldwide Emergency Coverage is not covered. | You pay a $90 copay for Medicare-covered Emergency Care/Post-Stabilization Services.<br><br>You pay a $90 copay for Worldwide Emergency Coverage. |
| **Excluded drugs** | Erectile dysfunction drugs are not covered. | Limited quantities of certain oral generic drugs used for treatment of erectile dysfunction (ED) are covered at Tier-2 cost-sharing level. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Hearing services** | A referral from your PCP is not required for Medicare-covered hearing exams. | A referral from your PCP is required for Medicare-covered hearing exams. |
| **Home health agency care** | Prior authorization is required. | Prior authorization is not required. |
| **Inpatient Hospital Services** | You pay a $275 copay per day, per stay: Days 1-7.<br><br>You pay a $0 copay per day, per stay: Days 8 and beyond. | You pay a $315 copay per day, per stay: Days 1-7.<br><br>You pay a $0 copay per day, per stay: Days 8 and beyond. |
| **Inpatient mental health care** | A referral from your PCP is required. | A referral from your PCP is not required. |
| **Meal benefit** | A referral from your PCP is required.<br><br>Prior authorization is required. | A referral from your PCP is not required.<br><br>Prior authorization is not required. |
| **Opioid treatment program services** | A referral from your PCP is required.<br><br>Prior authorization is required. | A referral from your PCP is not required.<br><br>Prior authorization is not required. |
| **Outpatient diagnostic tests and therapeutic services and supplies** | Prior authorization is required for any Medicare-covered diagnostic procedures and tests.<br><br>A referral from your PCP is required for any Medicare-covered diagnostic procedures and tests.<br><br>A referral from your PCP is required for any Medicare-covered lab service. | Prior authorization is not required for any Medicare-covered diagnostic procedures and tests.<br><br>A referral from your PCP is not required for any Medicare-covered diagnostic procedures and tests.<br><br>A referral from your PCP is not required for any Medicare-covered lab service. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Outpatient diagnostic tests and therapeutic services and supplies (continued)** | Prior authorization is required for any Medicare-covered diagnostic radiological service.<br><br>A referral from your PCP is required for any Medicare-covered diagnostic radiological service.<br><br>A referral from your PCP is required for any Medicare-covered therapeutic radiological service.<br><br>Prior authorization is required for any Medicare-covered x-ray service.<br><br>A referral from your PCP is required for any Medicare-covered x-ray service. | Prior authorization is not required for any Medicare-covered diagnostic radiological service.<br><br>A referral from your PCP is not required for any Medicare-covered diagnostic radiological service.<br><br>A referral from your PCP is not required for any Medicare-covered therapeutic radiological service.<br><br>Prior authorization is not required for any Medicare-covered x-ray service.<br><br>A referral from your PCP is not required for any Medicare-covered x-ray service. |
| **Outpatient hospital observation** | A referral from your PCP is required.<br><br>Prior authorization is required. | A referral from your PCP is not required.<br><br>Prior authorization is not required. |
| **Outpatient hospital services** | A referral from your PCP is required. | A referral from your PCP is not required. |
| **Outpatient mental health care** | A referral from your PCP is required.<br><br>Prior authorization is required for Medicare-covered mental health group sessions. | A referral from your PCP is not required.<br><br>Prior authorization is not required for Medicare-covered mental health group sessions. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Outpatient mental health care (continued)** | Prior authorization is required for Medicare-covered mental health individual sessions. | Prior authorization is not required for Medicare-covered mental health individual sessions. |
| **Outpatient rehabilitation services** | Prior authorization is required. | Prior authorization is not required. |
| **Outpatient substance abuse services** | A referral from your PCP is required. | A referral from your PCP is not required. |
| **Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers** | A referral from your PCP is required. | A referral from your PCP is not required. |
| **Partial hospitalization services** | A referral from your PCP is required. | A referral from your PCP is not required. |
| **Physician/Practitioner services, including doctor's office visits** | You pay a $10 copay for each Medicare-covered primary care physician visit.<br><br>You pay a $30 copay for each Medicare-covered specialist visit.<br><br>Prior authorization is required for physician specialist services. | You pay a $5 copay for each Medicare-covered primary care physician visit.<br><br>You pay a $35 copay for each Medicare-covered specialist visit.<br><br>Prior authorization is not required for physician specialist services. |
| **Podiatry services** | You pay a $30 copay for each Medicare-covered podiatry visit.<br><br>Prior authorization is required. | You pay a $35 copay for each Medicare-covered podiatry visit.<br><br>Prior authorization is not required. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Pulmonary rehabilitation services** | Prior authorization is required. | Prior authorization is not required. |
| **Services to treat kidney disease** | A referral from your PCP is required for dialysis services.<br><br>Prior authorization is required for dialysis services. | A referral from your PCP is not required for dialysis services.<br><br>Prior authorization is not required for dialysis services. |
| **Skilled nursing facility (SNF) care** | A referral from your PCP is required. | A referral from your PCP is not required. |
| **Transportation – Non-Emergent** | A referral from your PCP is required.<br><br>Prior authorization is required. | A referral from your PCP is not required.<br><br>Prior authorization is not required. |
| **Urgently need services** | Worldwide Urgent Coverage is not covered. | You pay a $90 copay for Worldwide Urgent Coverage. |
| **Vision care** | You pay a $10 copay for Medicare-covered exams performed by your PCP.<br><br>You pay a $30 copay for Medicare-covered exams performed by a specialist.<br><br>A referral from your PCP is not required for Medicare-covered eye exams. | You pay a $5 copay for Medicare-covered exams performed by your PCP.<br><br>You pay a $35 copay for Medicare-covered exams performed by a specialist.<br><br>A referral from your PCP is required for Medicare-covered eye exams. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Optional Supplemental Benefits (Dental and Vision)*** | Essence Advantage Gold offers the Optional Supplemental Benefit (OSB) Package:<br><br>"Dental (DHMO) and Vision"<br><br>$39 copay for retinal screening as an enhancement to a WellVision exam. | Essence Advantage Gold offers two Optional Supplemental Benefit (OSB) Packages:<br><br>OSB Package 1 (Dental (DHMO) and Vision)<br><br>$39 copay for retinal screening as an enhancement to a WellVision exam. We made changes to how we report this service to Medicare; however, what you pay for this service has not changed.<br><br>There are no benefit changes to OSB Package 1.<br><br>OSB Package 2 (Dental (PPO) and Vision)<br><br>Vision:<br><br>$25 copay for routine eye exam.<br><br>$25 copay applies to eyeglasses, eyeglass lenses, eyeglass frames, and contact lenses every other calendar year.<br><br>$60 maximum copay for contact lens fitting.<br><br>$275 allowance for either eyeglass frames or contact lenses every other calendar year. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Optional Supplemental Benefits (Dental and Vision) (continued)*** | | $55 copay for standard progressive lenses every other calendar year.<br><br>$95 - $105 copay for premium progressive lenses every other calendar year.<br><br>$150 - $175 copay for custom progressive lenses every other calendar year.<br><br>$39 copay for retinal screening as an enhancement to a WellVision exam.<br><br><u>Dental:</u><br><br>Preventive: Diagnostic and Preventive Services<br>0% coinsurance for preferred provider services.<br>20% coinsurance for non-preferred provider services.<br><br>Preventive: Sealants<br>40% coinsurance for preferred provider services.<br>50% coinsurance for non-preferred provider services.<br><br>Comprehensive: Diagnostic Services<br>0% coinsurance for preferred providers services.<br>20% coinsurance for non-preferred provider services.<br><br>Comprehensive: Basic Restorative<br>40% coinsurance for preferred provider services. |

| Cost | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Optional Supplemental Benefits (Dental and Vision) (continued)*** | | 50% coinsurance for non-preferred provider services.<br><br>Comprehensive: Major Restorative<br>60% coinsurance for preferred provider services.<br>60% coinsurance for non-preferred provider services.<br><br>Comprehensive: Endodontics, Periodontics, Extractions, Prosthodontics, other Oral/Maxillofacial Surgery, and other comprehensive services<br>40%-60% coinsurance for preferred provider services.<br>50%-60% coinsurance for non-preferred provider services.<br><br>$1,500 maximum allowance for preventive and comprehensive dental services.<br><br>Refer to Chapter 4, Section 2.2, Extra “optional supplemental” benefits you can buy in your 2022 Evidence of Coverage, for specific details. |

*** Optional supplemental benefits are available for an extra premium.** For more information about optional supplemental benefits see Chapter 4, Section 2.2 of your *Evidence of Coverage.*

## Section 2.6 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Customer Service (see the back cover) or visiting our website www.EverythingEssence.com.

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

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

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service 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.

Formulary exception approvals are typically valid for 12 months.

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

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

## Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We 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 if you haven't received this insert by September 30, 2021, 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 at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at www.EverythingEssence.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage.*)

### Changes to the Deductible Stage

| Stage | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage** | The deductible is $250.<br><br>During this stage, you pay $5.00 cost-sharing for drugs on Tier 1, $15.00 cost-sharing for drugs on Tier 2, $2.00 cost-sharing for drugs on Tier 6, and the full cost of drugs on Tier 3 through Tier 5, until you have reached the yearly deductible. | Because we have no deductible, this payment stage does not apply to you. |

### Changes to Your Cost Sharing in the Initial Coverage Stage

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

| Stage | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**<br><br>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage.*<br><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br><br>**Preferred Generic:**<br>Standard cost-sharing:<br>You pay $5 per prescription.<br><br>**Generic:**<br>Standard cost-sharing:<br>You pay $15 per prescription.<br><br>**Preferred Brand:**<br>Standard cost-sharing:<br>You pay $47 per prescription.<br><br>**Non-Preferred Brand:**<br>Standard cost-sharing:<br>You pay $100 per prescription.<br><br>**Specialty Tier:**<br>Standard cost-sharing:<br>You pay 28% of the total cost.<br><br>**Select Care** Tier:**<br>Standard cost-sharing:<br>You pay $2 per prescription. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br><br>**Preferred Generic:**<br>Standard cost-sharing:<br>You pay $5 per prescription.<br><br>**Generic:**<br>Standard cost-sharing:<br>You pay $15 per prescription.<br>You pay $15 for Select Insulins*.<br><br>**Preferred Brand:**<br>Standard cost-sharing:<br>You pay $47 per prescription.<br>You pay $35 for Select Insulins*.<br><br>**Non-Preferred Brand:**<br>Standard cost-sharing:<br>You pay $100 per prescription.<br><br>**Specialty Tier:**<br>Standard cost-sharing:<br>You pay 33% of the total cost.<br><br>**Select Care** Tier:**<br>Standard cost-sharing:<br>You pay $0 per prescription. |

| Stage | 2021 (this year) | 2022 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage (continued)** | Once your total drug costs have reached $4,130, you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage). |

***Select Insulins:** Insulins that are part of the Insulin Savings Program and therefore will incur low, consistent copays through the coverage gap phase. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including the full cost-sharing information.

****Select Care:** Generic drugs on Tier 6.

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

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*. Essence Advantage Gold offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be between $15 to $35 for each one-month supply, depending on the tier of the Select Insulins.

## SECTION 3 Administrative Changes

*In plan year 2022 there will be a change to the member portal. The table below describes that change. Please contact Customer Service (please see section 7.1) for more information.*

| Description | 2021 (this year) | 2022 (next year) |
|---|---|---|
| *Member portal* | *Member.stanfordhealthcareadvantage.org* | *EverythingEssence.com* |

# SECTION 4 Deciding Which Plan to Choose

## Section 4.1 – If you want to stay in Essence Advantage Gold

**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 Essence Advantage Gold.

## Section 4.2 – If you want to change plans

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

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

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

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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, Essence Healthcare 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 Essence Advantage Gold.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Essence Advantage Gold.
- 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 8.1 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 5 Deadline for Changing Plans

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

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 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 California, the SHIP is called "HICAP" which stands for Health Insurance Counseling & Advocacy Program.

HICAP 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. HICAP 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 HICAP at 1-800-434-0222. You can learn more about HICAP by visiting their website https://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

## SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California Office of AIDS. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact the California Office of AIDS at: the California Department of Public Health at https://www.cdph.ca.gov, or call 1-916-558-1784.

# SECTION 8 Questions?

## Section 8.1 – Getting Help from Essence Advantage Gold

Questions? We're here to help. Please call Customer Service at 1-855-996-8422. (TTY only, call 711). We are available for phone calls seven days a week from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. 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 Essence Advantage Gold. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.EverythingEssence.com. 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.EverythingEssence.com. As a reminder, our website has the most up-to-date information about our provider network (Provider/Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

## Section 8.2 – 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.

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. This information is not a complete description of benefits. Call 1-855-996-8422 (TTY: 711) for more information.

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

Toll-free: 1-855-996-8422
TTY users dial: 711
8 a.m. to 8 p.m., seven days a week
www.EverythingEssence.com

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