

ANNUAL NOTICE OF CHANGES FOR 2022

1-877-723-7702 (TTY: 711)

We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit bcbsil.com/mmai

Blue Cross Community MMAI (Medicare-Medicaid Plan)[™] offered by Health Care Service Corporation, a Mutual Reserve Company

Annual Notice of Changes for 2022

Introduction

You are currently enrolled as a member of Blue Cross Community MMAI. Next year, there will be some changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

- * Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.
- * Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.
- * The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Illinois (BCBSIL) to provide pharmacy benefit management services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.
- Prime Therapeutics LLC has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery pharmacy. Prime Therapeutics LLC, provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois and is owned by 18 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.
- Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois.
- Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development,
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Blue Cross Community MMAI Member Handbook.

B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section G2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 9.
- You will get your Medicaid benefits through fee-for-service or a HealthChoicelllinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan (go to page 12 for more information).

B1. Additional Resources

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY: 7-1-1). Estamos a su disposición los siete (7) días de la semana. Nuestra central telefónica está abierta de lunes a viernes de 8:00 a.m. a 8:00 p.m., hora del centro. Para los fines de semana y días feriados federales, está disponible el servicio de mensajes de voz. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada antes del próximo día laborable. La llamada es gratuita.
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. Once requested, Member Services will always send you materials in your chosen language and/or format (such as large print, braille, or audio) until you request to have it changed. This service is free.

B2. Information about Blue Cross Community MMAI

• Blue Cross Community MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

- Coverage under Blue Cross Community MMAI is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- Blue Cross Community MMAI is offered by Health Care Service Corporation. When this Annual Notice of Changes says "we," "us," or "our," it means Health Care Service Corporation, a Mutual Legal Reserve Company. When it says "the plan" or "our plan," it means Blue Cross Community MMAI.

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in section D for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage. will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our Provider and Pharmacy Directory.
- Think about your overall costs in the plan.
 - How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.

If you decide to stay with Blue Cross **Community MMAI**

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 9 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current Provider and Pharmacy Directory** to find out if your providers or pharmacy are still in our network. An updated *Provider* and Pharmacy Directory is located on our website at bcbsil.com/mmai. You may also call Member Services at 1-877-723-7702 (TTY: 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your Member Handbook.

D. Changes to benefits for next year

D1. Changes to benefits and costs for medical services

There are no changes to your benefits for medical services. Our benefits will be exactly the same in 2022 as they are in 2021.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated List of Covered Drugs is located on our website at bcbsil.com/mmai. You may also call Member Services at 1-877-723-7702 (TTY: 711) for updated drug information or to ask us to mail you a List of Covered Drugs.

The List of Covered Drugs is also called the "Drug List."

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 find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-877-723-7702 (TTY: 711) or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2022 Member Handbook or call Member Services at 1-877-723-7702 (TTY: 711).
 - If you need help asking for an exception, you can contact Member Services or your care coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get 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.
 - The exception usually lasts until the end of the calendar year. You, your representative, or your doctor (or other prescriber) will have to submit a new coverage decision to renew the exception.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2022. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2021 (this year)	2022 (next year)	
Drugs in Tier 1	Your copay for a one-month (30-day) supply is \$0.00 per prescription .		
Generic Drugs			
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy			
Drugs in Tier 2	Your copay for a one-month (30-day) supply is \$0.00 per prescription .	30-day) supply one-month (30-day) supply	
Brand Drugs			
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy			
Drugs in Tier 3	Your copay for a one-month (30-day) supply is \$0.00 per prescription .	, ,	
Non-Medicare and Over-the-Counter (OTC) Drugs		one-month (30-day) supply is \$0.00 per prescription .	
Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy			

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2022.

E2. How to change plans

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free.

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

E3. What if you don't want to join a different Medicare-Medicaid Plan

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Blue Cross Community MMAI, you will go back to getting your Medicare and Medicaid services separately.

E4. How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

1. You can change to:	Here is what to do:	
A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)		
(1110_)	If you need help or more information:	
	 Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. 	
	You will automatically be disenrolled from Blue Cross Community MMAI when your new plan's coverage begins.	
2. You can change to:	Here is what to do:	
Original Medicare with a separate Medicare prescription drug plan	Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.	

If you need help or more information:

• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

You will automatically be disenrolled from Blue Cross Community MMAI when your Original Medicare coverage begins.

3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: 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 tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

 Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

You will automatically be disenrolled from Blue Cross Community MMAI when your Original Medicare coverage begins.

F. Administrative changes

Description	2021 (this year)	2022 (next year)
Mail Order Pharmacy	AllianceRx Walgreens Prime	AllianceRx Walgreens Prime and Express Scripts® Pharmacy.

G. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Blue Cross Community MMAI and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company's HealthChoice Illinois MLTSS health plan.

After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new *Member Handbook*, and information about how to access the *Provider and Pharmacy Directory* from your HealthChoice Illinois MLTSS health plan.

H. How to get help

H1. Getting help from Blue Cross Community MMAI

Questions? We're here to help. Please call Member Services at 1-877-723-7702 (TTY: 711). We are available for phone calls seven (7) days a week. Our call center is open Monday-Friday, 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

Your 2022 Member Handbook

The 2022 Member Handbook is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

You can also review the *Member Handbook* to find out if other benefit changes affect you. An up-to-date copy of the *2022 Member Handbook* is always available on our website at <u>bcbsil.com/mmai</u>. You may also call Member Services at 1-877-723-7702 (TTY: 711) to ask us to mail you a *2022 Member Handbook*.

Our website

You can also visit our website at <u>bcbsil.com/mmai</u>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

H2. Getting help from Illinois Client Enrollment Services

The Illinois Client Enrollment Services can help you understand your healthcare choices, answer questions, and help you choose a health plan. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free.

H3. Getting help from the Illinois Long-Term Care Ombudsman Program

The Illinois Long-Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Blue Cross Community MMAI. The ombudsman's services are free. The Illinois Long-Term Care Ombudsman Program:

- is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan.

You can call the Illinois Long-Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

H4. Getting help from the Senior Health Insurance Assistance Program (SHIP)

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You can call the SHIP at 1-800-252-8966 Monday through

Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

H5. Getting help from Medicare

To get information directly from Medicare 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.

Medicare Website

You can visit the Medicare website (<u>www.medicare.gov</u>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <u>www.medicare.gov</u> and click on "Find plans.")

Medicare & You 2022

You can read *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.

H6. Getting help from Medicaid

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- Visit www.dhs.state.il.us.
- You can also call the Quality Improvement Organization (QIO). In Illinois, this is Livanta BFFCC-QIO, at 1-888-524-9900, TTY/TDD 1-888-985-8775. This is a group of doctors and other health care providers who help improve the quality of care for people with Medicare. It is not connected with our plan.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

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

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-7702 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-723-7702 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-723-7702 (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 1-877-723-7702 (TTY: 711)。 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702 (TTY: 711) 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-723-7702 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 7702-723-1-1-877 (رقم هاتف الصم والبكم: .(711

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-723-7702 (телетайп: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:િશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-723-7702 (TTY: 711).

> خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں .(TTY: 711) 277-723-778۔1

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-723-7702 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-723-7702 (TTY: 711).

ध्यान दें: यदि आप हर्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-723-7702 (TTY: 711) पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-723-7702 (ATS: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-723-7702 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-723-7702 (TTY: 711).