

Annual Notice of Changes for 2022

IMCare Classic (HMO SNP)

Serving the Residents of Itasca County



Itasca Medical Care (IMCare)

1219 SE 2nd Avenue
Grand Rapids, MN 55744

Member Services:

218-327-6188
1-800-843-9536 (toll free)

TTY/TDD users call:

1-800-627-3529 (toll free) or 711

Website:

www.imcare.org

Hours of Operation:

October 1 – March 31, 7 Days a Week, 8 a.m. – 8 p.m.
April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m.

**IMCare Classic (HMO SNP) offered by
Itasca County Health and Human Services**



1-800-843-9536 (toll free); TTY 1-800-627-3529 or 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫີໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. Itasca Medical Care (IMCare) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: Itasca Medical Care (IMCare) provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Itasca Medical Care at 1-800-843-9536 (toll free) or 1-218-327-6188 for more information.

Language Assistance Services: Itasca Medical Care (IMCare) provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Itasca Medical Care at 1-800-843-9536 (toll free) or 1-218-327-6188 for more information.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Itasca Medical Care (IMCare). You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights

540 Fairview Avenue North

Suite 201

St. Paul, MN 55104

651-539-1100 (voice)

800-657-3704 (toll free)

711 or 800-627-3529 (MN Relay)

651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:
Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Itasca Medical Care (IMCare) Complaint Notice

You have the right to file a complaint with Itasca Medical Care (IMCare) if you believe you have been discriminated against because of any of the following:

- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information
- Disability (including mental or physical impairment)
- Marital Status
- Age
- Sex (including sex stereotypes and gender identity)
- Sexual Orientation
- National Origin
- Race
- Color
- Religion
- Creed
- Public Assistance Status
- Political Beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

IMCare Compliance Coordinator
ATTN: Civil Rights Coordinator
Itasca Medical Care (IMCare)
1219 SE 2nd Ave
Toll Free: 1-800-843-9536
TTY: 1-800-627-3529 (MN Relay) or 711
Fax: 218-327-5545
Email: imcarecompliance@co.itasca.mn.us

American Indian Health Statement

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

IMCare Classic (HMO SNP) offered by Itasca County Health and Human Services

Annual Notice of Changes for 2022

Introduction

You are currently enrolled as a member of IMCare Classic. Next year, there will be some changes to the plan’s benefits, coverage, rules, and costs. 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*, which will be available at a later date.

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If you have questions, please call IMCare Classic’s Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.



For more information, visit www.imcare.org

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A. Disclaimers

- ❖ IMCare Classic (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance Program (Medicaid) to provide benefits of both programs to enrollees. Enrollment in IMCare Classic (HMO SNP) depends on contract renewal.

B. Reviewing your Medicare and Medical Assistance (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 E2 for more information.

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

- You will have a choice about how to get your Medicare benefits (refer to section E, How to choose a plan, for your options).
- If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county.
 - You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's Minnesota Senior Health Options (MSHO) enrollment.
 - If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county.

Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

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B1. Additional resources

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call IMCare Classic Member Services at the number at the bottom of this page. The call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page.

B2. Information about IMCare Classic

- IMCare Classic is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in IMCare Classic depends on contract renewal.
- Coverage under IMCare Classic 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.
- IMCare Classic is offered by Itasca County Health and Human Services. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Itasca County Health and Human Services. When it says “the plan” or “our plan,” it means IMCare Classic.

B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D1 for information about benefit and cost changes for our plan.

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- **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 cost-sharing 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.
 - 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 www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage (Click the “dashboards” link in the middle of the 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 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 much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

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If you decide to stay with IMCare Classic:

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, you will get a notice of when your new coverage will begin. Look in section E 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 www.imcare.org. You may also call Member Services at the number at the bottom of this page 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 and costs for next year

D1. Changes to benefits and costs for medical services

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

We are changing our coverage for certain medical services next year. The following table describes these changes.

<i>Benefit</i>	<i>2021 (this year)</i>	<i>2022 (next year)</i>
Anesthesia (Oral or Intravenous) for Covered Dental Services in a Dental Office	Anesthesia for covered dental services in a dental office is not covered.	You pay a \$0.00 copay for Anesthesia for covered dental services in a dental office.

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<i>Benefit</i>	<i>2021 (this year)</i>	<i>2022 (next year)</i>
Fitness Center Membership at the Itasca County Family YMCA or Majestic Pines Grand Rapids	Fitness center memberships are not covered	You pay a \$0.00 copay for fitness center memberships at the Itasca County Family YMCA or Majestic Pines Grand Rapids Contact your care coordinator if you are interested in this benefit
Health Education Classes Offered by Itasca County Public Health promoting general health and wellness	Health Education Classes are not covered	You pay a \$0.00 copay for Health Education Classes Contact your care coordinator if you are interested in this benefit
Juniper Health Education Program Health classes online and in person covering topics such as fall prevention, diabetes prevention/self-management and chronic pain	Juniper Health Education Program is not covered	You pay a \$0.00 copay for Juniper Health Education Program Contact your care coordinator if you are interested in this benefit
Medical Safety Devices Items to keep you safe in your home such as grab bars and raised toilet seats	Medical Safety Devices are covered if member receives elderly waiver services and meets requirements	You pay a \$0.00 copay for Medical Safety Devices Contact your care coordinator if you are interested in this benefit

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<i>Benefit</i>	<i>2021 (this year)</i>	<i>2022 (next year)</i>
Medication Storage Device	Medication Storage Device is covered if member receives elderly waiver services and meets requirements	You pay a \$0.00 copay for Medication Storage Device Contact your care coordinator if you are interested in this benefit
Personal Emergency Response System (PERS)	Personal Emergency Response System (PERS) is covered if member receives elderly waiver services and meets requirements	You pay a \$0.00 copay for Personal Emergency Response System (PERS) Contact your care coordinator if you are interested in this benefit

D2. Changes to prescription drug coverage

Changes to our Drug List

The *List of Covered Drugs* is also called the “Drug List.”

An updated *List of Covered Drugs* (Drug List) is located on our website at www.imcare.org. You may also call Member Services at the number at the bottom of this page for updated drug information or to ask us to mail you a 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 the number at the bottom of this page 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 you.

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- Work with your physician/health care provider (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 the number at the bottom of this page.
 - 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 31 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 physician/health care provider 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.
 - We will tell you about any formulary changes in a Formulary Change Notice. You will get this notice at least 30 days before the effective date of the change. You will be able to get a temporary supply of your drug until you can work with your health care provider to ask for an exception for drugs that will not be on our 2022 formulary. If you got an exception for a drug that was not covered in 2021, you will not need to ask for a new exception for 2022. Exceptions are covered for length of initial approval, which can be up to 1 year.

There are two payment stages for your Medicare Part D prescription drug coverage under IMCare Classic. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

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Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2022.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$7,050. At that point, the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to Chapter 6 of the *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on the cost-sharing tier level of the drug. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

We moved some of the drugs on the Drug List to a lower or higher drug cost-sharing tier level. If your drugs move from one tier level to another, this could affect your copay. To find out if your drugs will be in a different cost-sharing tier level, look them up in the Drug List.

Our plan’s Drug List will have only one tier of drugs in 2022. However, what you pay for a drug on the Drug List depends on whether the drug is a generic or brand drug. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	2021 (this year)	2022 (next year)
<p>Drugs in Tier 1 – Generic (generic drugs or brand drugs treated as generics)</p> <p>Cost for a one-month supply of a drug in Tier – Generic that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0/\$1.30/\$3.70 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0/\$1.35/\$3.95 per prescription.</p>

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If you have questions, please call IMCare Classic’s Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.



For more information, visit www.imcare.org

	2021 (this year)	2022 (next year)
<p>Drugs in Tier 1 – Brand (brand drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 - Brand that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0/\$4.00/\$9.20 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0/\$4.00/\$9.85 per prescription.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$7,050. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to Chapter 6 of the *Member Handbook* for more information about how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on the cost-sharing tier level of the drug. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

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 our health plan. If you want to stay in our plan, you will automatically stay enrolled.

E2. How to change plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

This section is continued on the next page

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IMCare Classic ANNUAL NOTICE OF CHANGES FOR 2022

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in IMCare Classic will end on December 31 and your membership in the new plan will start on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, such as when:

- You have moved out of our service area,
- Your eligibility for Medicaid or Extra Help has changed, **or**
- You are getting care in a nursing home or a long-term care hospital.

Eligibility for enrollment periods can vary. Contact IMCare Classic at the number at the bottom of this page if you are unsure which enrollment periods you may use.

These are the four ways people can end membership in our plan:

<p>1. You can change to:</p> <p>A different Minnesota Senior Health Options (MSHO) Plan</p>	<p>Here is what to do:</p> <p>Enroll in the new Minnesota Senior Health Options (MSHO) Plan by calling the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®.</p> <p>You will automatically be disenrolled from IMCare Classic when your new plan's coverage begins.</p> <p>This section is continued on the next page</p>
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If you have questions, please call IMCare Classic's Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.



For more information, visit www.imcare.org

2. You can change to:

A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE) and another choice for Medical Assistance (Medicaid)

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 State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line[®]. These calls are free.

You will automatically be disenrolled from IMCare Classic when your new plan's coverage begins.

If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

This section is continued on the next page

If you have questions, please call IMCare Classic's Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.



For more information, visit www.imcare.org

3. You can change to:

Original Medicare with a separate Medicare prescription drug plan and another choice for Medical Assistance (Medicaid)

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 State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line[®]. These calls are free.

You will automatically be disenrolled from IMCare Classic when your Original Medicare coverage begins.

If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

This section is continued on the next page

If you have questions, please call IMCare Classic's Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.



For more information, visit www.imcare.org

4. You can change to:

Original Medicare without a separate Medicare prescription drug plan and another choice for Medical Assistance (Medicaid)

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 the Senior LinkAge® at 1-800-333-2433 (TTY users call 711 or use your preferred relay service).

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 State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free.

You will automatically be disenrolled from IMCare Classic when your Original Medicare coverage begins.

If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

If you have questions, please call IMCare Classic's Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.



For more information, visit www.imcare.org

F. How to get help

F1. Getting help from IMCare Classic

Questions? We're here to help. Please call Member Services at the number at the bottom of this page.

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 and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* will be available on our website at www.imcare.org. You may also call Member Services at the number at the bottom of this page to ask us to mail you a current *Member Handbook*.

Our website

You can also visit our website at www.imcare.org. 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*).

F2. Getting help from the Ombudsman for Public Managed Health Care Programs

The Ombudsman for Public Managed Health Care Programs is an ombudsman program that can help you if you are having a problem with IMCare Classic. The ombudsman's services are free. The Ombudsman for Public Managed Health Care Programs:

- 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. The phone number for the Ombudsman for Public Managed Health Care Programs is 1-651-431-2660 (Twin Cities metro area); 1-800-657-3729 (outside the Twin Cities metro area). TTY users call 711 or use your preferred relay service.

F3. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every

This section is continued on the next page

If you have questions, please call IMCare Classic's Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

For more information, visit www.imcare.org



state. The services are free. In Minnesota, the SHIP is called the Senior LinkAge Line[®]. Senior LinkAge Line[®] counselors can help you understand your MSHO Plan choices and answer questions about switching plans. The Senior LinkAge Line[®] is not connected with us or with any insurance company or health plan. The phone number for the Senior LinkAge Line[®] is 1-800-333-2433 (TTY users call 711 or use your preferred relay service). These calls are free.

F4. 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's website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your MSHO 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. (For information about plans, refer to www.medicare.gov and click on “Find plans.”)

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/medicare-and-you) 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.

F5. Getting help from Medical Assistance (Medicaid)

Minnesota's office of Medical Assistance (Medicaid) is the Department of Human Services. Call 1-800-657-3739 (outside Twin Cities metro area) or 1-651-431-2670 (Twin Cities metro area). TTY users should call 1-800-627-3429 or 711 or use your preferred relay service.

If you have questions, please call IMCare Classic's Member Services at 1-800-843-9536, TTY 1-800-627-3529 or 711, October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

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