

## WellSense Senior Care Options (HMO D-SNP) offered by Boston Medical Center Health Plan, Inc.

# Annual Notice of Changes for 2023

You are currently enrolled as a member of WellSense Senior Care Options (HMO D-SNP). Next year, there will be some changes to the plan's costs and benefits. This document tells about those changes.

To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at [wellsense.org/sco](https://wellsense.org/sco). You can also review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

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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.
  - Review the changes to Medical care costs (doctor, hospital). You as a member pay \$0 for the Senior Care Options Plan.
  - Review the changes to our drug coverage, including authorization requirements and costs
  - Think about how much you will spend on premiums, deductibles, and cost sharing. You as a member pay \$0 for the Senior Care Options Plan.

- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- 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 Medicare Plan Finder at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your Medicare & You 2023 handbook.
- 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, 2022, you will stay in WellSense Senior Care Options (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with WellSense Senior Care Options (HMO D-SNP).
- Look in section 4, page 8 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at 855-833-8125 for additional information. (TTY users should call 711.) Hours are Monday –Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1- March 31). Calls to these numbers are free.
- This document may be available in the other formats such braille, large print, or other alternate formats. For additional information call Member Services at 855-833-8125.
- **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 [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About WellSense Senior Care Options (HMO D-SNP)**

- WellSense Senior Care Options (HMO D-SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program. Enrollment in WellSense Senior Care Options (HMO D-SNP) depends on contract renewal. WellSense Senior Care Options (HMO D-SNP) is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services. The plan also has a written agreement with the Massachusetts Medicaid program to coordinate your Medicaid benefits.
- MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [mass.gov/estaterecovery](https://mass.gov/estaterecovery).
- When this booklet says “we,” “us,” or “our,” it means Boston Medical Center Health Plan, Inc. d/b/a WellSense Health Plan. When it says “plan” or “our plan,” it means WellSense Senior Care Options (HMO D-SNP).

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WellSense Senior Care Options (HMO D-SNP)

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## Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for WellSense Senior Care Options (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 3.1 for details.	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b>	\$0	\$0
<b>Part D prescription drug coverage</b> <b>(See Section 3.5 for details.)</b>	Deductible: \$0	Deductible: \$0
Maximum out-of-pocket amount <b>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</b> <b>(See Section 3.2 for details.)</b>	\$0	\$0

**SECTION 1 We are changing the Plan's name**

On January 1, 2023, our plan name will change from BMC HealthNet Plan Senior Care Options (HMO D-SNP) to WellSense Senior Care Options (HMO D-SNP).

A new ID card, Schedule of Benefits and Evidence of Coverage will be sent to you. These materials will all be branded with a new logo and plan name. If you have any questions, please call us. (Phone numbers for Member Services are printed on the back cover of this booklet.)

**SECTION 2 Unless you choose another plan, you will be automatically enrolled in WellSense Senior Care Options (HMO D-SNP) in 2023**

**If you do nothing in 2022, we will automatically enroll you in our WellSense Senior Care Options (HMO D-SNP).** This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through WellSense Senior Care Options (HMO D-SNP). If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2023.

The information in this document tells you about the differences between your current benefits in WellSense Senior Care Options (HMO D-SNP) and the benefits you will have on January 1, 2023, as a member of WellSense Senior Care Options (HMO D-SNP).

**SECTION 3 Changes to benefits and costs for next year****Section 3.1 – Changes to the monthly premium**

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Monthly premium</b>	\$0	\$0
No change (You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid.))		

## Section 3.2 – Changes to your maximum out-of-pocket amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for 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	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from MassHealth (Medicaid), very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0	\$0

## Section 3.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [wellsense.org/sco](https://wellsense.org/sco). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

**There are changes to our network of pharmacies for next year. Please review the 2023 Provider and Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 3.4 – Changes to benefits and costs for medical services

Please note that the Annual Notice of Changes tells you about changes to your Medicare and MassHealth (Medicaid) benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
Supplemental Benefit: Fitness Benefit	\$250 per calendar year	Silver Sneakers Program- Members will have access to a network of gyms for their fitness benefit.
OTC/ Food & Produce <b>The benefit limit can be used for either the items in the OTC benefit, this benefit for Food &amp; Produce, or a combination of both.</b>	\$50 per month, \$600 per year	\$75 per month, \$900 per year. No monthly rollover.
Cardiac and Pulmonary Rehabilitation	Prior Authorization is not required	Prior Authorization may be required
Mental Health Specialty Services	Prior Authorization is not required	Prior Authorization may be required
Outpatient Diagnostic Procedures/Test/Laboratory Services	Prior Authorization is not required	Prior authorization may be required for specific services including but not limited to genetic testing, CT Scans, MRI's, PET/Nuclear Medicine, Intensity Modulated Radiation Therapy and other services.



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## Section 3.5 – Changes to Part D prescription drug coverage

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### Changes to our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. The Drug List includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website ([wellsense.org/sco](https://wellsense.org/sco)).

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.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to prescription drug costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We have included 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. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.”

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**Important Message About What You Pay for Insulin** – You won’t pay more than \$0 for a one-month supply of each insulin product covered by our plan.

## SECTION 4 Deciding which plan to choose

### Section 4.1 – If you want to stay in WellSense Senior Care Options (HMO D-SNP)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our WellSense Senior Care Options (HMO D-SNP).

### 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 2023 follow these steps:

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

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the Medicare & You 2023 handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from WellSense Senior Care Options (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from WellSense Senior Care Options (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – or – Contact **Medicare**, at 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 877-486-2048.

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

## SECTION 5 Changing plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 6 Programs that offer free counseling about Medicare and MassHealth (Medicaid)

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called SHINE (Serving the Health Insurance Needs of Everyone).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 800-AGE-INFO (800-243-4636). You can learn more about SHINE by visiting their website ([massoptions.org/massoptions/](https://massoptions.org/massoptions/)).

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid) Customer Service Center: 800-841-2900, TTY/TDD: 800-497-4647, Monday – Friday 8:00 a.m. – 5:00 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

## 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.** Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 800-325-0778; or
  - Your State Medicaid Office (applications).

## SECTION 8 Questions?

### Section 8.1 – Getting help from WellSense Senior Care Options (HMO D-SNP)

Questions? We’re here to help. Please call Member Services at 855-833-8125. (TTY only, call 711.) We are available for phone calls Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1 – March 31). Calls to these numbers are free.

#### **Read your 2023 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 2023. For details, look in the 2023 Evidence of Coverage for WellSense Senior Care Options (HMO D-SNP). The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at [wellsense.org/sco](https://wellsense.org/sco). You may also call Member Services to ask us to mail you an Evidence of Coverage.

#### **Visit our website**

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

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## **Section 8.2 – Getting help from Medicare**

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To get information directly from Medicare:

### **Call 800-MEDICARE (800-633-4227)**

You can call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### **Read Medicare & You 2023**

Read the Medicare & You 2023 handbook. Every 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 document, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

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## **Section 8.3 – Getting help from MassHealth (Medicaid)**

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To get information from Medicaid you can call MassHealth (Medicaid) at 800-841-2900 or 617-573-1770. TTY users should call 800-497-4648. They are available Monday – Friday, 8:00 a.m. – 5:00 p.m.