



MVP SmartFund (MSA) *offered by MVP Health Plan, Inc.*

Annual Notice of Changes for 2022

You are currently enrolled as a member of MVP SmartFund (MSA). 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.**
-

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 Section 2 for information about benefit and cost changes for our plan.
- 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 **[medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)** website.

- Review the list in the back of your Medicare & You 2022 handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in MVP SmartFund (MSA).
- 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 MVP SmartFund (MSA).
- 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

- Please contact the MVP Medicare Customer Care Center number at **1-800-665-7924** for additional information. (TTY users should call 1-800-662-1220). Hours are Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am - 8 pm.
- This information is available in a different format, including braille and large print. (phone numbers are in Section 7.1 of this booklet).
- **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://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

About MVP SmartFund (MSA)

- MVP SmartFund (MSA) is a Medicare Medical Savings Account plan with a Medicare contract. Enrollment in MVP SmartFund (MSA) depends on contract renewal.
- When this booklet says "we," "us," or "our," it means MVP Health Plan, Inc. When it says "plan" or "our plan," it means MVP SmartFund (MSA).

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for MVP SmartFund (MSA) 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 mvphealthcare.com. You may also call the MVP Medicare Customer Care Center to ask us to mail you an Evidence of Coverage.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium See Section 2.1 for details.	\$0	\$0
Yearly deposit	\$2,500	\$2,500
Yearly deductible	\$9,000	\$9,000
All Medicare-covered services	<p>Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p>	<p>Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p>

Annual Notice of Changes for 2022
Table of Contents

Summary of Important Costs for 2022	1
SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MVP SmartFund (MSA) in 2022.....	3
SECTION 2 Changes to Benefits and Costs for Next Year.....	3
Section 2.1 – Changes to the Monthly Premium.....	3
Section 2.2 – There are No Changes to Your Benefits or Amounts you Pay for Medical Services	4
SECTION 3 Deciding Which Plan to Choose	4
Section 3.1 – If you want to stay in MVP SmartFund (MSA).....	4
Section 3.2 – If you want to change plans	4
SECTION 4 Deadline for Changing Plans	5
SECTION 5 Programs That Offer Free Counseling about Medicare.....	6
SECTION 6 Programs That Help Pay for Prescription Drugs.....	6
SECTION 7 Questions?.....	8
Section 7.1 – Getting Help from MVP SmartFund (MSA)	8
Section 7.2 – Getting Help from Medicare.....	8

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MVP SmartFund (MSA) in 2022

If you do nothing to change your Medicare coverage by December 7, 2021, we will automatically enroll you in our MVP SmartFund (MSA). This means starting January 1, 2022, you will be getting your medical coverage through MVP SmartFund (MSA). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in MVP SmartFund (MSA) and the benefits you will have on January 1, 2022 as a member of MVP SmartFund (MSA).

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional Supplemental Benefits (Monthly premium)	\$30	\$30

Section 2.2 – There are No Changes to Your Benefits or Amounts you Pay for Medical Services

Our benefits and what you pay for these covered medical services will be exactly the same in 2022 as they are in 2021.

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

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in MVP SmartFund (MSA)

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 MVP SmartFund (MSA).

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan 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, there may be 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 5), or call Medicare (see Section 7.2).

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

As a reminder, MVP Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MVP SmartFund (MSA).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan and disenroll from MVP SmartFund (MSA). Enrolling in the new drug plan will not automatically disenroll you from MVP SmartFund (MSA). To disenroll from MVP SmartFund (MSA) you must send us a written request to disenroll. Contact the MVP Medicare Customer Care Center if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
- To **change to Original Medicare without a prescription drug plan**, you must send us a written request to disenroll. Contact the MVP Medicare Customer Care Center if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

SECTION 4 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, 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 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 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 New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP). In Vermont, the SHIP is called The Vermont State Health Insurance Assistance Program.

A SHIP 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. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at **1-800-701-0501**. You can call The Vermont State Health Insurance Assistance Program at **1-800-642-5119**.

SECTION 6 Programs That Help Pay for Prescription Drugs

The law does not allow Medicare Advantage MSA plans to offer Medicare prescription drug coverage. If you have a Medicare MSA plan, you can, however, also join a Medicare prescription drug plan to get coverage. Any money that you use from your MSA savings account on drug plan deductibles or cost sharing will **not** count towards your MSA plan deductible, but it will count towards your drug plan's out-of-pocket costs. If you are interested in enrolling in a Medicare prescription drug plan or to see what plans are available in your area, visit **medicare.gov** or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Generally, unless you are new to Medicare or meet a special exception, you can only join during the Medicare fall open enrollment period, which occurs from October 15 to December 7.

Please note that 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).
- **Help from your state's pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. Vermont has a program called V-Pharm. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
 - **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York State Department of Health HIV Uninsured Care Programs, or the Vermont Medication Assistance Program. Note: To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. In New York, you can call the New York State Department of Health HIV Uninsured Care Programs and in Vermont you can call the Vermont Medication Assistance Program..

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-800-542-2437** (New York) or **1-800-464-4343, ext. 4005** (Vermont).

SECTION 7 Questions?

Section 7.1 – Getting Help from MVP SmartFund (MSA)

Questions? We're here to help. Please call the MVP Medicare Customer Care Center at **1-800-665-7924**. (TTY only, call 1-800-662-1220.) We are available for phone calls from Monday-Friday, 8 am-8 pm Eastern Time, and from Oct. 1-Mar. 31, seven days a week, 8 am-8 pm. 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 MVP SmartFund (MSA). 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 **mvphhealthcare.com**. You may also call the MVP Medicare Customer Care Center to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at **mvphhealthcare.com**.

Section 7.2 – 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 (**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 **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 (**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.