

# Horizon NJ TotalCare (HMO D-SNP) offered by Horizon Blue Cross Blue Shield of New Jersey

## Annual Notice of Changes for 2022

You are currently enrolled as a member of Horizon NJ TotalCare (HMO D-SNP). Next year, there will be some changes to the plan's benefits. *This booklet tells about the changes.*

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### What to do now

#### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits 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 1 for information about benefit changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies?
  - Review the 2022 List of Covered Drugs (Formulary) and look in Section 1.6 for information about changes to our drug coverage.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider and Pharmacy Directory.
- Think about your overall health care costs.
  - How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in Section 2.2 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 Horizon NJ TotalCare (HMO D-SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in Section 2.2, page 6 to learn more about your choices.

**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 Horizon NJ TotalCare (HMO D-SNP).
- If you join another plan between **October 15** and **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

**Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-543-5656 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week.
- Please contact Horizon NJ TotalCare (HMO D-SNP) at 1-800-543-5656 if you need information in another format, such as large print. Our office hours are 24 hours a day, 7 hours a week (TTY users should call 711).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Horizon NJ TotalCare (HMO D-SNP)**

- Horizon NJ TotalCare (HMO D-SNP) is an HMO Medicare Advantage Dual Eligible Special Needs plan with a Medicare contract and a contract with the State of New Jersey Medicaid Program. Enrollment in Horizon NJ TotalCare (HMO D-SNP) depends on contract renewal. Products are provided by Horizon NJ Health. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.
- When this booklet says “we,” “us,” or “our,” it means Horizon Healthcare of New Jersey, Inc. When it says “plan” or “our plan,” it means Horizon NJ TotalCare (HMO D-SNP).

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## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Horizon NJ TotalCare (HMO D-SNP) 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 [HorizonBlue.com/Medicare](https://HorizonBlue.com/Medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium</b>	\$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> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0	\$0
<b>Part D prescription drug coverage</b> (See Section 1.6 for details.)	Deductible: \$0	Deductible: \$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$0	\$0

***Annual Notice of Changes for 2022***  
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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
<b>Monthly premium</b> (Your Medicare Part B premium is paid for you by NJ FamilyCare (Medicaid).)	\$0	\$0

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2021 (this year)	2022 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from NJ FamilyCare (Medicaid), very few members ever reach this out-of-pocket maximum.</b>	\$0	\$0

### Section 1.3 – Changes to the Provider Network

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

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

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

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## Section 1.4 – Changes to the Pharmacy Network

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Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [directory.horizonnjhealth.com](https://directory.horizonnjhealth.com). You may also call Member Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory.

**Please review the 2022 Provider and Pharmacy Directory to see which pharmacies are in our network.**

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## Section 1.5 – Changes to Benefits

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

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage for these services, see Chapter 4, *Benefits Chart* (what is covered), in your 2022 *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [HorizonBlue.com/Medicare](https://HorizonBlue.com/Medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### **Opioid treatment program services**

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

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)

- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
<b>Over-the-Counter (OTC) Benefit Card Allowance</b>	Up to \$1,500 per year (\$375 per quarter) OTC Benefit Card Allowance for select health products	Up to \$1,560 per year (\$390 per quarter) OTC Benefit Card Allowance for select health products
<b>Outpatient Mental Health Care</b>	Prior Authorization is required.	Prior Authorization is not required.
<b>Doula</b>	Not offered.	A doula is a trained professional who provides continuous physical, emotional, and informational support to the birthing parent throughout the perinatal period.

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## Section 1.6 – Changes to Part D Prescription Drug Coverage

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<b>Changes to Our Drug List</b>
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Our list of covered drugs is called a Formulary or “Drug List.” A copy of our List of Covered Drugs (Formulary) is provided electronically.

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

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

- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug. We encourage current members to ask for an exception before next year.**

- To learn what you must do to ask for an exception, see Chapter 8 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exception requests are generally approved for a 12 month period, and a new exception request will need to be submitted for review after that time next year.

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

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

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Horizon NJ TotalCare (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 Horizon NJ TotalCare (HMO D-SNP) plan.

### Section 2.2 – 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,
- -- 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, read *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 5.2).

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

### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Horizon NJ TotalCare (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 Horizon NJ TotalCare (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 this (phone numbers are in Section 5.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 3 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, 2022.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 9, Section 2.3 of the *Evidence of Coverage*.

## **SECTION 4      Programs That Offer Free Counseling about Medicare and Medicaid**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New Jersey, the SHIP is called the New Jersey State Health Insurance Assistance Program.

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 SHIP at 1-800-792-8820. You can learn more about the State Health Insurance Assistance Program by visiting their website (<http://www.state.nj.us/humanservices/doas/services/ship/>).

For questions about your NJ FamilyCare (Medicaid) benefits, contact the New Jersey Department of Human Services, Division of Medical Assistance and Health Services toll free at 1-800-356-1561 (TTY 711) Monday through Friday 8:30 a.m.-4:45 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare (Medicaid) coverage.

## **SECTION 5      Questions?**

### **Section 5.1 – Getting Help from Horizon NJ TotalCare (HMO D-SNP)**

Questions? We're here to help. Please call Member Services at 1-800-543-5656. (TTY only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

#### **Read your 2022 Evidence of Coverage (it has details about next year's benefits)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits for 2022. For details, look in the *2022 Evidence of Coverage* for Horizon NJ TotalCare (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 [HorizonBlue.com/Medicare](http://HorizonBlue.com/Medicare). 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 [HorizonBlue.com/Medicare](https://HorizonBlue.com/Medicare). 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 5.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

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

### Visit the Medicare Website

You can visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).)

### Read *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](https://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.

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## Section 5.3 – Getting Help from Medicaid

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To get information from Medicaid you can call the Division of Medical Assistance and Health Services at 1-800-356-1561. TTY users should call 711.