



2022 Medicare Enrollment Guide

Your partner in wellness

Choose Medicare coverage
from WellFirst Health —
Provided by SSM Health Plan —
with benefits made just for you



SSM Integrity (HMO-POS)
SSM Harmony (HMO-POS) MA-Only



WellFirst Health[®]
provided by SSM Health Plan

Contents

The WellFirst Health — Provided by SSM Health Plan — Advantage	3
WellFirst Health — Provided by SSM Health Plan — Service Area	4
Medicare Eligibility and Enrollment Periods	5
Extra Benefits Not Covered by Original Medicare	6
\$0 and Diabetic Benefits	8
Plan Options	9
Part D Prescription Drug Coverage	10
Summary of Benefits	12
Non-Discrimination Notice	26
Language Assistance	27

Ready to Enroll?

You can enroll with WellFirst Health — Provided by SSM Health Plan — one of the following ways:



By Phone
Call **833-551-0565 (TTY: 711)** to enroll over the phone with a Medicare Consultant



Enroll online
Visit wellfirsthealth.com/medicare
Find our upcoming seminars at wellfirsthealth.com/seminars



In Person
Schedule an appointment for an in person or an in-home visit with a licensed, independent Medicare Consultant by calling **314-462-1279**.

You can also visit one of our Medicare Resource Centers

Walk-ins welcome during scheduled hours or call to schedule an appointment.

SSM Health Outpatient Center – Kisker Road
1475 Kisker Road
St. Charles, MO 63304
636-486-7926

SSM Health DePaul Hospital Campus
12255 DePaul Drive, 1B
Bridgeton, MO 63044
314-393-4390

SSM Health Medical Group
1101 Highway K
O’Fallon, MO 63366
314-272-1222

** If necessary, these are offered by phone*

Discover the WellFirst Health — Provided by SSM Health Plan — Advantage

WellFirst Health — Provided by SSM Health Plan — is a trusted partner there to support you on your health care journey. We provide the care you know and trust from SSM Health, along with affordable coverage.



Our Coordinated Care Network

is a true collaboration between health care experts, hospital partners and your health plan, leading to a more streamlined and simpler experience for members.

Local: Our roots are local. Our health plan employees are your friends and neighbors. You'll find your primary care provider just down the road.

Caring: Community is important to us. Our employees participate in a variety of volunteer efforts throughout the year to make local life a little better for everyone.

Premier Benefits: Our plans offer a suite of premier benefits to give you a Medicare plan that covers your health needs, including dental, vision and more.

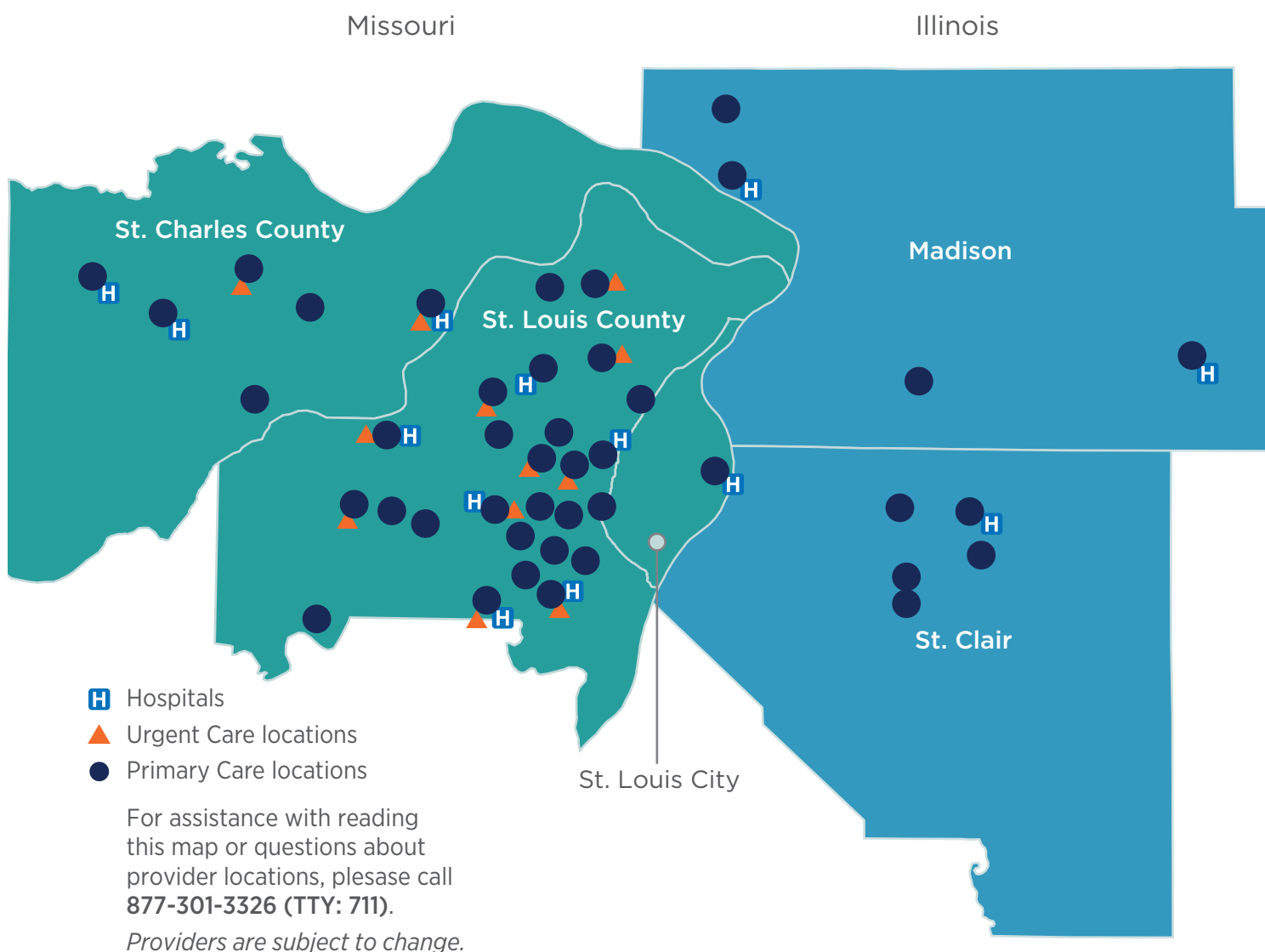


WellFirst Health — Provided by SSM Health Plan — Service Area

The health plan service area is Madison and St. Clair County, IL and St. Charles, St. Louis County and St. Louis City, MO. You must live in one of these areas to join a WellFirst Health — Provided by SSM Health Plan — Medicare Advantage plan.



One plan. One card.
One strong network.



Medicare Eligibility and Enrollment Periods

Who's Eligible For Medicare?

You are eligible for Medicare, the federal health insurance program, if you are a legal U.S. resident and one of the following applies to you:

- You are 65 years old or older
- You are any age and have a qualifying permanent disability
- You are any age and have been diagnosed with end-stage renal disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's disease)

Medicare Advantage Enrollment Periods

IEP

Initial Enrollment Period (IEP)

This is the seven-month period during which you may enroll in Medicare for the first time. This includes the three months prior, the month of your birthday and the three months after. If you are enrolling for the first time due to disability, your IEP timing is based on your disability date.

OEP

Open Enrollment Period (OEP)

Jan. 1 – Mar. 31 of every year is the period during which you may switch from one Medicare Advantage plan to another Medicare Advantage plan, or cancel your Medicare Advantage plan and return to Original Medicare.

AEP

Annual Enrollment Period (AEP)

Oct. 15–Dec. 7 of every year is the period during which you may make changes to your Medicare Advantage coverage. Your coverage will become effective January 1.

SEP

Special Enrollment Period (SEP)

This is a period during which Medicare recipients may change Medicare Advantage coverage outside of the AEP, if they **meet certain requirements and have a qualifying event**, such as moving to a new service area or leaving an employer-based plan.

Extra Benefits Not Covered by Original Medicare

Learn more at...

Find more information about
our extra benefits at
wellfirsthealth.com/extrabenefits

WellFirst Health — Provided by
SSM Health Plan — is dedicated
to our members' well-being. The
benefits listed below are included
in all of our Medicare plans.



Dental

We cover both preventive and comprehensive dental benefits through our partner Delta Dental. Our plan has no waiting period, no deductibles or coinsurance.

- Preventive and diagnostic services: \$0 copay
- Gum disease maintenance and bridge/implants/dentures repairs: \$45 copay
- Fillings, gum disease treatment and extractions: \$95 copay
- Root canals, bridges, implants, dentures and crowns: \$595 copay
- We cover \$1,500 in dental services per year

See our network of dentists at
wellfirsthealth.com/extrabenefits



In-Home Support from Papa

We partnered with Papa, a company that connects you with screened and trained Papa Pals who provide assistance with organization, light housework, technology and transportation. Your Pal can visit with you in your home or virtually for up to 10 hours per month.



Over-the-Counter

We cover \$60 per quarter to spend on eligible over-the-counter products like bandages, pain relievers and much more.

You can shop:

- In-store at participating retailers including Walgreens, CVS, Walmart and Dollar General stores
- Online at OTCNetwork.com
- Mail-order catalog



Vision

We cover one \$0 routine vision exam and a \$200 eyewear allowance per year at in-network eyeglass providers.



Hearing

We cover one \$0 routine hearing exam and a \$750 hearing aid allowance per year at in-network hearing aid providers.



Chiropractic Care

We cover additional chiropractic benefits to help you stay healthy and active.



Transportation

lyft We partnered with Lyft to cover 24 one-way personal rides each year to medical appointments and to the pharmacy.



Post-Discharge Meals

We cover 14 meals from Mom's Meals delivered to your door after you are discharged from the hospital or a skilled nursing facility.



Fitness

The Silver&Fit® program includes:

- Fitness center memberships
- Home fitness kit with a Fitbit, Garmin or other exercise equipment
- 8,000+ on-demand videos



Nurse Line

Experienced registered nurses are always available to answer your questions and concerns. Nurses are available 24 hours a day, 365 days a year. Call if you're unsure if you need to see a doctor, or if you have other health related questions.



Living Healthy Rewards

You can earn up to \$150 in rewards for completing healthy activities like receiving a flu shot, going to the dentist and getting an annual physical.

WellFirst Health — Provided by SSM Health Plan — \$0 Benefits

All of our plans include many benefits at no cost to you.

Diabetic Benefits

WellFirst Health — Provided by SSM Health Plan — understands the special needs of individuals with diabetes. Our Medicare Advantage plans offer specific benefits geared toward those needs.



\$0 Benefits

- All Primary Care Visits: In-person and Telehealth
- Labs and Diagnostic Tests
- Mental Health and Substance Use Visits
- Routine Vision and Hearing Exams
- Meals Post-Discharge
- Transportation
- In-Home Support
- Dental Exams, Cleanings and X-Ray
- Vaccines
- Mammograms and Pelvic Exams
- Prostate Cancer Screening
- Preventative Colonoscopy
- Diabetes Screenings, Testing Supplies and Self-Management Training
- E-Visit For Eligible Conditions



Diabetic Benefits:

- \$30 Insulin Fills at Preferred Pharmacy Locations
- \$35 Insulin Fills at Standard Retail Pharmacies
- \$0 Continuous Glucose Monitors (Freestyle Libre and Dexcom)
- \$0 PCP and Lab Services
- \$0 Diabetic Testing Supplies
- 20% Coinsurance for Insulin Pumps
- Two Additional Dental Cleanings Per Year
- Over-the-Counter Benefit Includes Coverage for Products Like Diabetic Socks and Glucose Tablets

Plan Options from WellFirst Health — Provided by SSM Health Plan

Choose the plan that is right for you.
 SSM Integrity (HMO-POS)
 SSM Harmony (HMO-POS) MA-Only



	SSM Integrity (HMO-POS)	SSM Harmony (HMO-POS) MA-Only
Part D Coverage	✓	
Premium	\$0	\$0
Part B Premium Reduction Our plans lower the Part B premium you pay – giving you money back into your social security check each year.	\$35 per month	\$50 per month

SSM Harmony does not offer Part D Prescription Drug coverage. This is an excellent choice if you already have prescription drug coverage through a State Prescription Drug Assistance Program, TRICARE for Life, the VA or an employer plan. You cannot have a Medicare Part D Prescription Drug plan if you enroll in the Harmony plan.

SSM Integrity and SSM Harmony Cost Sharing at a Glance	In-Network	Out-of-Network
Maximum Out-of-Pocket	\$2,500	
	Combined In and Out-of-Network: \$5,000	
Hospital Copay per Pay; Days 1-7	\$325	\$500
Primary Care	\$0	\$50
Specialist	\$35	\$50
Emergency Room	\$120	\$120
Urgent Care	\$35	\$35
Ambulance	\$300	\$300
Therapy: Physical, Occupational, Speech	\$35	\$60
Outpatient Surgery	\$275	20%

See Summary of Benefits for additional plan details.

WellFirst Health — Provided by SSM Health Plan — Part D Prescription Drug Coverage

SSM Integrity provides comprehensive prescription drug coverage. Our drug formulary covers a wide-ranging list of generic, brand name and specialty drugs, with manageable copays and no deductibles.



Members save money by filling prescriptions in our preferred retail pharmacy network and through our mail order pharmacy.

- All SSM Pharmacies, Walgreens, Walmart and select community pharmacies, such as Medicine Shoppe
- Costco* retail and mail order pharmacies

Members have access to standard retail pharmacy network that includes:

- Most national pharmacy chains including CVS
- Many retail and grocery store pharmacies
- Many independent, local community pharmacies

WellFirst Health's —
Provided by SSM Health Plan —
Drug Formulary and Pharmacy
Directory are available at
[wellfirsthealth.com/medicaremember](https://www.wellfirsthealth.com/medicaremember)

Maintenance Drugs Savings

Save time and money by purchasing a three-month supply of maintenance drugs in one transaction at retail locations or via the Costco mail-order pharmacy.

\$0 Part D Vaccines

You pay \$0 in all stages for all covered Part D vaccines – including Shingles and Tdap. These \$0 vaccines are listed in our formulary as Tier 6.

Insulin Savings

You will pay a \$30 copay per fill at a preferred pharmacy or a \$35 copay per fill at a standard pharmacy. These savings apply through the deductible and copay stages and the donut hole.

**You do not need to be a Costco member to use the Costco Pharmacy.*

SSM Integrity

(HMO-POS)

Part D Prescription Drug Coverage at a Glance**Stage 1:****Initial Coverage Deductible****You pay:****No Part D Deductible****Stage 2:****Initial Coverage Copay and Coinsurance****You pay:****1 Month/30 Day****3 Month/90 Day****Preferred Retail
and Mail Order****Standard
Retail****Preferred Retail
and Mail Order****Standard
Retail****Tier 1**

\$0

\$7

\$0

\$7

Tier 2

\$5

\$12

\$10

\$24

Tier 3

\$40

\$47

\$100

\$117.50

Tier 4

\$90

\$100

\$270

\$300

Tier 5

33%

33%

Not applicable

Not applicable

Stage 3:**Coverage Gap (Donut Hole)****You pay:****25% coinsurance****Stage 4:****Catastrophic Coverage****You pay:**

Generic: 5% or \$3.95

Brand: 5% or \$9.85

*Drug dispensing fees may apply.***SSM Harmony**

(HMO-POS) MA-Only

SSM Harmony does not offer Part D Prescription Drug coverage. This is an excellent choice if you already have prescription drug coverage through a State Prescription Drug Assistance Program, TRICARE for Life, the VA or an employer plan. You cannot have a Medicare Part D Prescription Drug plan if you enroll in the SSM Harmony plan.

Stages of Part D Coverage**Stage 1:****Initial Coverage Deductible**

Plans from WellFirst Health — Provided by SSM Health Plan — do not have a drug deductible. Our plans begin in Stage 2

Stage 2:**Initial Coverage Copay and Coinsurance**

You pay copays or a percentage of the drug's total cost (coinsurance)
You stay in this stage until you and WellFirst Health — Provided by SSM Health Plan — have paid \$4430 within a plan year

Stage 3:**Coverage Gap (Donut Hole)**

Once your total drug costs reach \$4430 you pay 25% of the cost of the drug
You stay in this stage until your total out-of-pocket costs reaches \$7050 (not counting the amount that WellFirst Health — Provided by SSM Health Plan — has also paid) within a plan year

Stage 4:**Catastrophic Coverage**

After your total out-of-pocket costs reach \$7050 you pay a small copay or 5% coinsurance, whichever amount is larger
You stay in this stage for the remainder of the plan year

Summary of Benefits Plan Year 2022

SSM Integrity (HMO-POS)

SSM Harmony (HMO-POS) MA-Only

January 1, 2022 – December 31, 2022

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. See the Evidence of Coverage to get a complete list of services we cover. The Evidence of Coverage is available to view on wellfirsthealth.com/medicaremember. You can also request a printed copy of any of these materials by calling our Customer Care Center.

If you want to know more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at medicare.gov or get a copy 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.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Part B premium.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-301-3326 (TTY: 711).

SSM Health Plan is an HMO/HMO-POS with a Medicare contract. Enrollment in SSM Health Plan depends on contract renewal. SSM Health Plan markets under the name WellFirst Health.

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8 am – 8 pm Central time.
- From April 1 to September 30, you can call us Monday through Friday from 8 am – 8 pm Central time.

Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-877-301-3326 (TTY: 711).
- If you are not a member of this plan, call toll-free 1-833-551-0565 (TTY: 711).
- Our website: wellfirsthealth.com/medicare

Who can join?

To join our Medicare Advantage plan, you must be enrolled in Medicare Part A and Medicare Part B and live in our service area.

What is the Service Area?

Our service area includes the following: **St. Charles County (MO), St. Louis City (MO), St. Louis County (MO), St. Claire (IL), Madison (IL)**

Which doctors, hospitals and pharmacies can I use?

We have a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network.

- Provider directory website: wellfirsthealth.com/doctors
- Pharmacy directory website: wellfirsthealth.com/medicaremember

Summary of Benefits | Plan Year 2022

Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services

	SSM Integrity (HMO-POS)	SSM Harmony (HMO-POS)
Monthly Premium You must continue to pay your Medicare Part B premium	\$0	\$0
Part B Buy Back We provide a credit that will automatically be applied towards your Medicare Part B premium	\$35	\$50
Medical Deductible	Not Applicable	Not Applicable
Maximum Out-of-Pocket Responsibility If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. (Does not include prescription drugs)	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined

Covered Medical and Hospital Benefits

*Benefit may require prior authorization

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network
Inpatient Hospital Coverage* For Medicare-covered stays	\$325 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$500 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$325 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$500 copay each day for days 1 - 7 \$0 each day for days 8 to discharge
Outpatient Hospital Coverage* Outpatient Hospital:	\$275 copay	20% coinsurance	\$275 copay	20% coinsurance
Ambulatory Surgery Center:	\$175 copay	20% coinsurance	\$175 copay	20% coinsurance
Procedure performed during office visit:	\$0 - \$35 copay	\$50 copay	\$0 - \$35 copay	\$50 copay
Doctor Visits Primary Care Providers:	\$0 copay	\$50 copay	\$0 copay	\$50 copay
Specialists:	\$35 copay	\$50 copay	\$35 copay	\$50 copay
Palliative Care:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Preventive Care	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Emergency Care In the U.S. (Waived if admitted)	\$120 copay	\$120 copay	\$120 copay	\$120 copay
Urgently Needed Services In the U.S.	\$35 copay Your cost may be reduced based on level of treating provider	\$35 copay	\$35 copay Your cost may be reduced based on level of treating provider	\$35 copay

Summary of Benefits | Plan Year 2022

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network
Diagnostic Services / Labs / Imaging*				
Outpatient X-ray:	\$10 copay	20% coinsurance	\$10 copay	20% coinsurance
Laboratory Tests:	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance
Radiation Therapy:	\$35 copay	20% coinsurance	\$35 copay	20% coinsurance
Diagnostic Procedures/Tests:	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance
Diagnostic Mammograms:	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance
Diagnostic Radiology:	\$100 copay	20% coinsurance	\$100 copay	20% coinsurance

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network
Hearing Services				
Medicare-covered- exam to diagnose and treat hearing and balance issues:	\$0 copay	\$60 copay	\$0 copay	\$60 copay
Routine hearing exam:	\$0 copay per exam for 1 exam every calendar year	Not Covered	\$0 copay per exam for 1 exam every calendar year	Not Covered
Hearing aid fitting / evaluation:	\$0 copay per fitting for 1 fitting every calendar year	Not Covered	\$0 copay per fitting for 1 fitting every calendar year	Not Covered
Hearing aid allowance:	\$0 copay Our plan pays up to \$750 both ears combined every calendar year for hearing aids You are responsible for costs beyond the plan limit	Not Covered	\$0 copay Our plan pays up to \$750 both ears combined every calendar year for hearing aids You are responsible for costs beyond the plan limit	Not Covered
Preventive Dental				
Preventive Exams:	\$0 copay per visit for 2 visits every calendar year	Not Covered	\$0 copay per visit for 2 visits every calendar year	Not Covered
Cleanings:	\$0 copay per visit for 2 visits every calendar year	Not Covered	\$0 copay per visit for 2 visits every calendar year	Not Covered
X-Ray:	\$0 copay per visit for 1 visit every calendar year	Not Covered	\$0 copay per visit for 1 visit every calendar year	Not Covered

Summary of Benefits | Plan Year 2022

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Comprehensive Dental				
Diagnostic services:	\$0 copay	Not Covered	\$0 copay	Not Covered
Gum disease maintenance and bridge/implants/dentures repairs:	\$45 copay	Not Covered	\$45 copay	Not Covered
Fillings, gum disease treatment, and extractions:	\$95 copay	Not Covered	\$95 copay	Not Covered
Root canals, bridges, implants, dentures, and crowns:	\$595 copay	Not Covered	\$595 copay	Not Covered
Dental Maximum				
Annual limit that we will pay for preventive and comprehensive dental services	\$1,500 every calendar year for dental services	Not Covered	\$1,500 every calendar year for dental services	Not Covered
You are responsible for costs beyond the plan limit				

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Vision Services Medicare-covered exam to treat to diagnose and treat diseases and conditions of the eye: Medicare-covered eyewear after cataract surgery: Routine eye exam:	\$0 copay \$0 copay \$0 copay per exam for 1 exam every calendar year	\$30 copay Not Covered Not Covered	\$0 copay \$0 copay \$0 copay per exam for 1 exam every calendar year	\$30 copay Not Covered Not Covered
Eyewear: (eyeglasses, frames, lenses or contact lenses)	Our plan pays up to a total of \$200 every calendar year You are responsible for costs beyond the plan limit	Not Covered	Our plan pays up to a total of \$200 every calendar year You are responsible for costs beyond the plan limit	Not Covered
Mental Health Services: Hospital Care* For Medicare-covered stays	\$325 copay each day for days 1 - 7 \$0 each day for days 8 - 90	\$500 copay each day for days 1 - 7 \$0 each day for days 8 - 90	\$325 copay each day for days 1 - 7 \$0 each day for days 8 - 90	\$500 copay each day for days 1 - 7 \$0 each day for days 8 - 90
Mental Health Services: Outpatient Care Outpatient Individual Therapy: Outpatient Group Therapy:	\$0 copay \$0 copay	\$30 copay \$30 copay	\$0 copay \$0 copay	\$30 copay \$30 copay

Summary of Benefits | Plan Year 2022

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Skilled Nursing Facility* Our plan covers up to 100 day per benefit period in a SNF: A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven't been an inpatient at any hospital or SNF for 60 days in a row	\$0 each day for days 1 - 20 \$184 each day for days 21 - 100	\$150 each day for days 1 - 100	\$0 each day for days 1 - 20 \$184 each day for days 21 - 100	\$150 each day for days 1 - 100
Therapy* Outpatient physical therapy, speech language pathology, and occupational therapy:	\$35 copay per visit	\$60 copay per visit	\$35 copay per visit	\$60 copay per visit
Ambulance For each one-way Medicare-covered trip	\$300 copay	\$300 copay	\$300 copay	\$300 copay
Transportation For rides to medical appointments	\$0 copay per ride for 24 one-way rides every calendar year	Not Covered	\$0 copay per ride for 24 one-way rides every calendar year	Not Covered
Medicare Part B Drugs* Part B Drugs: Part B prescription drugs received in the pharmacy:	20% coinsurance \$0 copay – \$47 copay	20% coinsurance 20% coinsurance	20% coinsurance \$0 copay – \$47 copay	20% coinsurance 20% coinsurance

Medicare Part D Prescription Drug Coverage

	SSM Integrity (HMO-POS)	SSM Harmony (HMO-POS)
Part D Deductible	\$0	Not Covered
PREFERRED RETAIL 30 day supply		
Tier 1 Preferred Generic	\$0 copay	Not Covered
Tier 2 Generic	\$5 copay	Not Covered
Tier 3 Preferred Brand	\$40 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$90 copay	Not Covered
Tier 5 Specialty Drugs	33% coinsurance	Not Covered
Tier 6 Part D Vaccines	\$0 copay	Not Covered
STANDARD RETAIL 30 day supply		
Tier 1 Preferred Generic	\$7 copay	Not Covered
Tier 2 Generic	\$12 copay	Not Covered
Tier 3 Preferred Brand	\$47 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$100 copay	Not Covered
Tier 5 Specialty Drugs	33% coinsurance	Not Covered
Tier 6 Part D Vaccines	\$0 copay	Not Covered
LONG TERM CARE 31 day supply	See Standard Retail Pharmacy (30 Day)	Not Covered
OUT-OF-NETWORK 29 day supply	See Standard Retail Pharmacy (30 Day)	Not Covered

Summary of Benefits | Plan Year 2022

	SSM Integrity (HMO-POS)	SSM Harmony (HMO-POS)
PREFERRED RETAIL 90 day supply		
Tier 1 Preferred Generic	\$0 copay	Not Covered
Tier 2 Generic	\$10 copay	Not Covered
Tier 3 Preferred Brand	\$100 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$270 copay	Not Covered
Tier 5 Specialty Drugs	Not Applicable	Not Covered
Tier 6 Part D Vaccines)	Not Applicable	Not Covered
STANDARD RETAIL 90 day supply		
Tier 1 Preferred Generic	\$7 copay	Not Covered
Tier 2 Generic	\$24 copay	Not Covered
Tier 3 Preferred Brand	\$117.50 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$300 copay	Not Covered
Tier 5 Specialty Drugs	Not Applicable	Not Covered
Tier 6 Part D Vaccines	Not Applicable	Not Covered
Part D Coverage Stages		
Stage 1 Deductible	There is no deductible. You begin in the initial coverage stage.	Not Covered
Stage 2 Initial Coverage	You pay copays or coinsurance, and we pay the remainder until together our spending reaches \$4,430	Not Covered
Stage 3 Coverage Gap	Above \$4,430 , you pay 25% of the cost for generics and brand drugs until your expenses reach \$7,050	Not Covered
Stage 4 Catastrophic	Above \$7,050 you pay the greater of 5% or \$3.95 for generics and \$9.85 for all other drugs and we pay the remainder	Not Covered

Additional Benefits

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
In-Home Support We partnered with Papa, a company that connects you with screened and trained Papa Pals who provide assistance with organization, light housework, technology and transportation.	\$0 copay per visit for 10 visits every month	Not Covered	\$0 copay per visit for 10 visits every month	Not Covered
Over-the-Counter Allowance for Health and Wellness Products Shop online, in-store, or by catalog.	\$60 quarterly allowance	Not Covered	\$60 quarterly allowance	Not Covered
Post Discharge Meals Mom's Meals delivered to your door after you are discharged from the hospital or a skilled nursing facility.	14 meals after an inpatient stay at no cost to you	Not Covered	14 meals after an inpatient stay at no cost to you	Not Covered
Fitness Benefit Silver&Fit®	\$0 copay	Not Covered	\$0 copay	Not Covered
Routine Chiropractic	\$15 copay for an additional 24 routine chiropractic visits every calendar year	\$50 copay for an additional combined 24 routine chiropractic visits every calendar year	\$10 copay for an additional 24 routine chiropractic visits every calendar year	\$50 copay for an additional combined 24 routine chiropractic visits every calendar year
Living Healthy Rewards for completing healthy activities like receiving a flu shot, going to the dentist and getting an annual physical	\$150 every calendar year	Not Covered	\$150 every calendar year	Not Covered

Summary of Benefits | Plan Year 2022

	SSM Integrity (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network
Worldwide Emergency and Urgent Care Outside the US	\$120 copay No Limit	\$120 copay No Limit	\$120 copay No Limit	\$120 copay No Limit
Nurse Advice Line Nurses are available 24 hours a day, 365 days a year.	\$0 copay	Not Covered	\$0 copay	Not Covered
E-Visits See conditions treated and complete an online health interview at wellfirstthehealth.com/e-visit .	\$0 copay	Not Covered	\$0 copay	Not Covered

Your Notes

[illegible]

Non-Discrimination Notice



WellFirst Health[®]
provided by SSM Health Plan

SSM Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the Customer Care Center at 1-877-317-2410 (TTY: 711).

The Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or religion. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or religion.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or religion, you can file a grievance with the organization's Civil Rights Coordinator. If you need help filing a grievance, the Civil Rights Coordinator for the Health Plan is available to help you. You can file a grievance in person, by mail, or email at:

SSM Health Plan
Civil Rights Coordinator
1277 Deming Way
Madison, Wisconsin 53717

Phone: 1-608-828-2216 (TTY: 711)
Email: civilrightscoordinator@deancare.com

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

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

Phone: 1-800-368-1019 or 1-800-537-7697 (TDD)

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

Language Assistance

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-317-2410 (TTY: 711).

Chinese - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-317-2410 (TTY: 711)。

Polish - UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-317-2410 (TTY: 711).

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-317-2410 (TTY: 711).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-317-2410 (TTY: 711).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-317-2410 (TTY: 711).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-317-2410 (ATS : 711).

Hindi - ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-317-2410 (TTY: 711) पर कॉल करें।

Somali - DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac 1-877-317-2410 (TTY: 711).

Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-317-2410 (TTY: 711).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-317-2410 (TTY: 711)번으로 전화해 주십시오.

Arabic - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-317-2410 (رقم هاتف الصم والبكم: 711).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-317-2410 (телетайп: 711).

Gujarati - સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-317-2410 (TTY: 711).

Urdu - خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-317-2410 (TTY: 711).

Italian - ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-317-2410 (TTY: 711).

SSM Health Plan is an HMO/
HMO-POS with a Medicare
contract. Enrollment in SSM
Health Plan depends on contract
renewal. SSM Health Plan markets
under the name WellFirst Health.
This information is not a
complete description of benefits.
Call **833-551-0565 (TTY: 711)**
for more information. You must
continue to pay your Medicare
Part B premium.

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877-301-3326 (TTY: 711) | wellfirsthealth.com