# Changes to the West Virginia Senior Advantage HMO I-SNP 2022 Evidence of Coverage

December 3, 2021

## This is important information on changes in your West Virginia Senior Advantage HMO I-SNP coverage.

We previously advised you that the 2022 Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan is available on the West Virginia Senior Advantage website. This notice is to let you know there were errors in your EOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct EOC can be found on our website at <https://www.wvsenioradvantage.com/>.

**Changes to your EOC**

| **Where you can find the error in your 2022 EOC** | Original Information | Corrected Information | What does this mean for you? |
| --- | --- | --- | --- |
| On page 60, under “Section 1.2 What is your plan deductible” your EOC lists the deductible as: | $203 | $233 | The deductible you must pay is $233. |
| On page 61, under “Section 1.3 Our plan also has a separate deductible for certain types of services” and  on page 75, under “Section 2.1 Medical Benefits Chart -Services that are covered for you” your annual deductible (and copays) for inpatient hospital care are: | $1,484 deductible  $0 copayment each day for days 1 to 60;  $371 copayment each day for days 61 to 90;  $742 copayment each day for days 91 to 150 (lifetime reserve days) | $1,556 deductible  $0 copayment each day for days 1 to 60;  $389 copayment each day for days 61 to 90;  $778 copayment each day for days 91 to 150 (lifetime reserve days) | The deductible you must pay for inpatient hospital care is $1,556.  The daily copays you must pay for inpatient hospital care:  0 – 60 days = $0  61 – 90 days = $389  91 – 150 days = $778 |
| On page 61, under “Section 1.3 Our plan also has a separate deductible for certain types of services” and  on page 77, under “Section 2.1 Medical Benefits Chart -Services that are covered for you” your annual deductible (and copays) for inpatient mental health care are: | $1,484 deductible  $0 copayment each day for days 1 to 60;  $371 copayment each day for days 61 to 90;  $742 copayment each day for days 91 to 150 (lifetime reserve days) | $1,556 deductible  $0 copayment each day for days 1 to 60;  $389 copayment each day for days 61 to 90;  $778 copayment each day for days 91 to 150 (lifetime reserve days) | The deductible you must pay for inpatient mental health care is $1,556.  The daily copays you must pay for Inpatient Hospital Stays:  0 – 60 days = $0  61 – 90 days = $389  91 – 150 days = $778 |

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 1-844-854- 6888, TTY 711, open 8am to 8pm, seven days a week except Thanksgiving and Christmas from October 1st to March 31st. Monday-Friday except holidays from April 1st to September 30th.

West Virginia Senior Advantage HMO I-SNP is an HMO plan with a Medicare contract. Enrollment in West Virginia Senior Advantage HMO I-SNP depends on contract renewal.