

Changes to the
Saint Alphonsus Health Plan No Premium (HMO)
2025
Evidence of Coverage

10/20/2024

Dear Valued Member,

This is important information on changes in your Saint Alphonsus Health Plan No Premium (HMO) coverage.

We previously notified you that your Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan, was posted on our 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 www.thpmedicare.org/saint-alphonsus.

Changes to your EOC

Where you can find the error in your 2025 EOC	Original Information	Corrected Information	What does this mean for you?
<p>On page 61 in Chapter 4 Section 2.1 Medical Benefit Chart of Your Evidence of Coverage under Comprehensive dental services please note the following changes:</p>	<p>Important: HMO members who have the preventive and comprehensive dental, as well as those who purchase the additional Optional Supplemental Dental benefit, may receive dental care from a Dental Benefit Providers, Inc. network provider or an out-of-network provider. Services received from providers who do NOT participate in the Dental Benefit Providers, Inc. network may result in higher out-of-pocket costs. Dental benefits are administered by Dental Benefit Providers, Inc.</p>	<p>Important: HMO members who have the preventive and comprehensive dental, as well as those who purchase the additional Optional Supplemental Dental benefit, must receive dental care from a Dental Benefit Providers, Inc. network provider for dental services to be covered. Dental benefits are administered by Dental Benefit Providers, Inc.</p>	<p>You must receive dental services from a provider within the Dental Benefit Providers, Inc. network for dental services to be covered.</p>

Where you can find the error in your 2025 EOC	Original Information	Corrected Information	What does this mean for you?
<p>On page 102 Chapter 4 Section 2.2 Your Evidence of Coverage lists the Extra optional supplemental benefits you can buy; Optional Dental Services; under “Important” please see the changes:</p>	<p>PPO members who separately purchase the Optional Supplemental Dental benefit may receive both preventive and comprehensive care from Dental Benefit Providers, Inc. network provider or an out-of-network provider. Services received from providers who do NOT participate in the Dental Benefit Providers, Inc. network may result in higher out-of-pocket costs. Dental benefits are administered by Dental Benefit Providers, Inc.</p>	<p>HMO members who separately purchase the Optional Supplemental Dental benefit must receive both preventive and comprehensive care from a Dental Benefit Providers, Inc. network provider for dental services to be covered. Dental benefits are administered by Dental Benefit Providers, Inc.</p>	<p>You must receive dental services from a provider within the Dental Benefit Providers, Inc. network for dental services to be covered.</p>

Where you can find the error in your 2025 EOC	Original Information	Corrected Information	What does this mean for you?
<p>On page 103 Chapter 4 Section 2.2 Your Evidence of Coverage lists the Extra optional supplemental benefits you can buy; Optional Dental Services; under “Important” please see the changes:</p>	<p>PPO members who separately purchase the Optional Supplemental Dental benefit may receive both preventive and comprehensive care from Dental Benefit Providers, Inc. network provider or an out-of-network provider. Services received from providers who do NOT participate in the Dental Benefit Providers, Inc. network may result in higher out-of-pocket costs. Dental benefits are administered by Dental Benefit Providers, Inc.</p>	<p>HMO members who separately purchase the Optional Supplemental Dental benefit must receive both preventive and comprehensive care from a Dental Benefit Providers, Inc. network provider for dental services to be covered. Dental benefits are administered by Dental Benefit Providers, Inc.</p>	<p>You must receive dental services from a provider within the Dental Benefit Providers, Inc. network for dental services to be covered.</p>

Where you can find the error in your 2025 EOC	Original Information	Corrected Information	What does this mean for you?
<p>On page 46 in Chapter 3 Section 7.1 Rules for ownership of durable medical equipment, please see the changes to the following paragraph:</p>	<p>In Original Medicare, people who rent certain types of DME own the equipment after paying copayments for the item for 13 months. As a member of Saint Alphonsus Health Plan No Premium (HMO) however, you will not acquire ownership of rented DME items no matter how many copayments you make for the item while a member of our plan, even if you made up to 12 consecutive payments for the DME item under Original Medicare before you joined our plan.</p>	<p>In Original Medicare, people who rent certain types of DME own the equipment after paying copayments for the item for 13 months. As a member of Saint Alphonsus Health Plan No Premium (HMO) however, you usually will not acquire ownership of rented DME items no matter how many copayments you make for the item while a member of our plan, even if you made up to 12 consecutive payments for the DME item under Original Medicare before you joined our plan. Under certain limited circumstances, we will transfer ownership of the DME item to you. Call Member Services for more information.</p>	<p>In certain circumstances, we may transfer ownership of the DME to you.</p>
<p>On Page 46 in Chapter 3 Section 7.1</p> <p>See the changes to Example 1:</p>	<p>Example 1: You made 12 or fewer consecutive payments for the item in Original Medicare and then joined our plan. The payments you made in Original Medicare do not count.</p>	<p>Example 1: You made 12 or fewer consecutive payments for the item in Original Medicare and then joined our plan. The payments you made in Original Medicare do not count. You will have to make 13 payments in our plan before owning the item.</p>	<p>You will have to make 13 payments in our plan before owning the item.</p>

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 1-800-240-3851 (TTY: 711) 8 a.m. to 8 p.m., seven days per week.

Saint Alphonsus Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Saint Alphonsus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-240-3851 (TTY: 711). 注意：如果使用繁體中文，可以免費獲得語言援助服務。請致電 1-800-240-3851 (TTY : 711).