Allwell Medicare (PPO) offered by Coordinated Care Corporation

Annual Notice of Changes for 2019

You are currently enrolled as a member of Allwell Medicare (PPO). 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 Sections 1.5 and 1.6 for information about benefit and cost 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?
- Are your drugs in a different tier, with different cost sharing?
- 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? Are there changes to the cost of using this pharmacy?
- Review the 2019 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- You drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit https://go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price

information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider & Pharmacy Directory.

☐ 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 https://www.medicare.gov website. Click "Find health & drug plans."
- Review the list in the back of your Medicare & You 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 want to **keep** Allwell Medicare (PPO), you don't need to do anything. You will stay in Allwell Medicare (PPO).
- 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, 2018**

- If you **don't join another plan by December 7, 2018**, you will stay in Allwell Medicare (PPO).
- If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

Additional Resources

- Please contact our Member Services number at 1-855-766-1541 for additional information. (TTY users should call 711). Hours are from October 1 to March 31, you

can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

- We must provide information in a way that works for you (in languages other than English, in audio, in large print, or other alternate formats, etc.).
- **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 https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Allwell Medicare (PPO)

- Allwell is contracted with Medicare for HMO, HMO SNP, and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Coordinated Care Corporation. When it says "plan" or "our plan," it means Allwell Medicare (PPO).

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Allwell Medicare (PPO) in several important areas. **Please note this is only a summary of changes**. **It is important to read the rest of this *Annual Notice of Changes*** and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From in- network providers: $5,000 From in-network and out-of-network providers combined: $7,750	From in- network providers: $5,500 From in-network and out-of-network providers combined: $9,000
Doctor office visits	**In-network** Primary care visits: You pay a $5 copay per visit. Specialist visits: You pay a $35 copay per visit. **Out-of-network** Primary care visits: You pay 40% of the total cost per visit. Specialist visits: You pay 40% of the total cost per visit.	**In-network** Primary care visits: You pay a $5 copay per visit. Specialist visits: You pay a $40 copay per visit. **Out-of-network** Primary care visits: You pay 40% of the total cost per visit. Specialist visits: You pay 40% of the total cost per visit.

Cost	2018 (this year)	2019 (next year)
Inpatient hospital stays 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.	**In-network** **Days 1 - 6:** You pay a $285 copay per day per admission, for Medicare-covered inpatient hospital care. **Days 7 - 90:** You pay a $0 copay per day per admission, for Medicare-covered inpatient hospital care. **Lifetime reserve days 1-60:** You pay a $0 copay per day for lifetime reserve days. Beyond lifetime reserve days: You are responsible for all costs. **Out-of-network** You pay 40% of the total cost per stay for Medicare-covered inpatient hospital care.	**In-network** **Days 1 - 6:** You pay a $300 copay per day per admission, for Medicare-covered inpatient hospital care. **Days 7 - and beyond:** You pay a $0 copay per day per admission for Medicare-covered inpatient hospital care. **Out-of-network** You pay 40% of the total cost per stay for Medicare-covered inpatient hospital care.
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $0 Copayment/Coinsurance as applicable during the Initial Coverage Stage: • **Drug Tier 1 - Preferred generic drugs:** Standard cost-sharing: You pay a $5 copay for a one-month (30-day) supply.	Deductible: $0 Copayment/Coinsurance as applicable during the Initial Coverage Stage: • **Drug Tier 1 - Preferred generic drugs:** Standard cost-sharing: You pay a $5 copay for a one-month (30-day) supply.

Cost	2018 (this year)	2019 (next year)
	Preferred cost-sharing: You pay a $0 copay for a one-month (30-day) supply.	Preferred cost-sharing: You pay a $0 copay for a one-month (30-day) supply.
	• **Drug Tier 2 - Generic drugs** Standard cost-sharing: You pay a $10 copay for a one-month (30-day) supply.	• **Drug Tier 2 - Generic drugs** Standard cost-sharing: You pay a $10 copay for a one-month (30-day) supply.
	Preferred cost-sharing: You pay a $5 copay for a one-month (30-day) supply.	Preferred cost-sharing: You pay a $5 copay for a one-month (30-day) supply.
	• **Drug Tier 3 - Preferred brand drugs:** Standard cost-sharing: You pay a $47 copay for a one-month (30-day) supply.	• **Drug Tier 3 - Preferred brand drugs:** Standard cost-sharing: You pay a $47 copay for a one-month (30-day) supply.
	Preferred cost-sharing: You pay a $37 copay for a one-month (30-day) supply.	Preferred cost-sharing: You pay a $37 copay for a one-month (30-day) supply.
	• **Drug Tier 4 - Non-preferred brand drugs:** Standard cost-sharing: You pay a $100 copay for a one-month (30-day) supply.	• **Drug Tier 4 - Non-preferred drugs:** Standard cost-sharing: You pay a $100 copay for a one-month (30-day) supply.
	Preferred cost-sharing: You pay a $90 copay for a one-month (30-day) supply.	Preferred cost-sharing: You pay a $90 copay for a one-month (30-day) supply.

Cost	2018 (this year)	2019 (next year)
	• **Drug Tier 5 - Specialty Tier:** Standard cost-sharing: You pay 33% of the total cost for a one-month (30-day) supply. Preferred cost-sharing: You pay 33% of the total cost for a one-month (30-day) supply. • **Drug Tier 6 - Select Care drugs:** Standard cost-sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost-sharing: You pay a $0 copay for a one-month (30-day) supply.	• **Drug Tier 5 - Specialty Tier:** Standard cost-sharing: You pay 33% of the total cost for a one-month (30-day) supply. Preferred cost-sharing: You pay 33% of the total cost for a one-month (30-day) supply. • **Drug Tier 6 - Select Care drugs:** Standard cost-sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost-sharing: You pay a $0 copay for a one-month (30-day) supply.

Annual Notice of Changes for 2019
Table of Contents

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$5,000	$5,500 Once you have paid $5,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.

Cost	2018 (this year)	2019 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	$7,750	$9,000 Once you have paid $9,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider & Pharmacy Directory is located on our website at allwell.mhsindiana.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider & Pharmacy Directory. **Please review the 2019 Provider & 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, Medicare requires that we 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 and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. 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. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Provider & Pharmacy Directory is located on our website at allwell.mhsindiana.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider & Pharmacy Directory. **Please review the 2019 Provider & Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay),* in your *2019 Evidence of Coverage.*

Cost	2018 (this year)	2019 (next year)
Inpatient Hospital Care	**In-network** **Days 1 - 6:** You pay a $285 copay per day per admission, for Medicare-covered inpatient hospital care. **Days 7 - 90:** You pay a $0 copay per day per admission, for Medicare-covered inpatient hospital care. **Lifetime reserve days 1-60:** You pay a $0 copay per day for lifetime reserve days. Beyond lifetime reserve days: You are responsible for	**In-network** **Days 1 - 6:** You pay a $300 copay per day per admission, for Medicare-covered inpatient hospital care. **Days 7 - and beyond:** You pay a $0 copay per day per admission for Medicare-covered inpatient hospital care.

Cost	2018 (this year)	2019 (next year)
	all costs. **Out-of-network** You pay 40% of the total cost per stay for Medicare-covered inpatient hospital care.	**Out-of-network** You pay 40% of the total cost per stay for Medicare-covered inpatient hospital care.
Inpatient Mental Health Care	**In-network** **Days 1 - 5:** You pay a $285 copay per day per admission, for Medicare-covered inpatient hospital care. **Days 6 - 90:** You pay a $0 copay per day per admission, for Medicare-covered inpatient hospital care. **Out-of-network** You pay 40% of the total cost per stay for Medicare-covered inpatient hospital care.	**In-network** **Days 1 - 5:** You pay a $300 copay per day per admission, for Medicare-covered inpatient hospital care. **Days 6 - 90:** You pay a $0 copay per day per admission, for Medicare-covered inpatient hospital care. **Out-of-network** You pay 40% of the total cost per stay for Medicare-covered inpatient hospital care.
Skilled Nursing Facility (SNF) Care	**In-network** You pay a $0 copay each day from days 1 through 20 per admission for Medicare-covered SNF care. You pay a $160 copay each day from days 21 through 100 per admission, for	**In-network** You pay a $0 copay each day from days 1 through 20 per benefit period for Medicare-covered SNF care. You pay a $170 copay each day from days 21 through 100 per benefit period, for Medicare-

Cost	2018 (this year)	2019 (next year)
	Medicare-covered SNF care. You pay all costs for each day after day 100 per admission. **Out-of-network** You pay 40% of the total cost per stay.	covered SNF care. You pay all costs for each day after day 100 in the benefit period. **Out-of-network** You pay 40% of the total cost per stay.
Supervised Exercise Therapy (SET)	**In-network** In 2018, supervised exercise therapy is covered under pulmonary rehabilitation with the following cost share: You pay a $30 copay for each Medicare-covered pulmonary rehabilitation services visit. **Out-of-network** In 2018, supervised exercise therapy is covered under pulmonary rehabilitation with the following cost share: You pay 40% of the total cost for each Medicare-covered pulmonary rehabilitation services visit.	**In-network** You pay a $10 copay for each Medicare-covered supervised exercise therapy visit. **Out-of-network** You pay 40% of the total cost for each Medicare-covered supervised exercise therapy visit.
Emergency Care	**In-network and Out-of-network** You pay a $80 copay for each Medicare-covered	**In-network and Out-of-network** You pay a $90 copay for each Medicare-covered

Cost	2018 (this year)	2019 (next year)
	emergency room visit. You do not pay this amount if you are admitted to the hospital within 24 hours.	emergency room visit. You do not pay this amount if you are immediately admitted to the hospital.
Urgently Needed Services	**In-network** You pay a $25 copay for each Medicare-covered urgently needed care visit. **Out-of-network** You pay a $25 copay for each Medicare-covered urgently needed care visit.	**In-network** You pay a $40 copay for each Medicare-covered urgently needed services visit. **Out-of-network** You pay a $40 copay for each Medicare-covered urgently needed care visit.
Worldwide Emergency /Urgent Coverage	**In-network** Worldwide Emergency Coverage: You pay a $80 copay. Worldwide Urgent Coverage: You pay a $35 copay. Worldwide Emergency Transportation: You pay a $250 copay. There is an annual limit of $50,000 for worldwide emergency/urgent coverage.	**In-network** You pay a $0 copay for worldwide emergency /urgent care services received outside of the United States. There is an annual limit of $50,000 for worldwide emergency/urgent coverage.

Cost	2018 (this year)	2019 (next year)
	Out-of-network Worldwide Emergency Coverage: You pay a $80 copay. Worldwide Urgent Coverage: You pay a $35 copay. Worldwide Emergency Transportation: You pay a $250 copay. There is an annual limit of $50,000 for worldwide emergency/urgent coverage.	**Out-of-network** You pay a $0 copay for worldwide emergency /urgent care services received outside of the United States. There is an annual limit of $50,000 for worldwide emergency/urgent coverage.
Home Health Agency Care	**In-network** You pay a $0 copay for Medicare-covered home health visits. **Out-of-network** You pay a $0 copay for Medicare-covered home health visits.	**In-network** You pay a $0 copay for Medicare-covered home health visits. **Out-of-network** You pay 40% of the total cost for Medicare-covered home health visits.
Doctor Office Visits (Specialist)	**In-network** You pay a $35 copay for each Medicare-covered specialist visit or medically necessary surgery services furnished in a specialist's office. **Out-of-network** You pay 40% of the total	**In-network** You pay a $40 copay for each Medicare-covered specialist visit or medically necessary surgery services furnished in a specialist's office. **Out-of-network** You pay 40% of the total

Cost	2018 (this year)	2019 (next year)
	cost for each Medicare-covered specialist visit or medically necessary surgery services furnished in a specialist's office.	cost for each Medicare-covered specialist visit or medically necessary surgery services furnished in a specialist's office.
Outpatient Mental Health Care	**In-network** You pay a $35 copay for each Medicare-covered individual and group therapy visit. You pay a $35 copay for each Medicare-covered individual and group psychiatric therapy visit. **Out-of-network** You pay 40% of the total cost for each Medicare-covered individual and group therapy visit. You pay 40% of the total cost for each Medicare-covered individual and group psychiatric therapy visit.	**In-network** You pay a $40 copay for each Medicare-covered individual and group therapy visit. You pay a $40 copay for each Medicare-covered individual and group psychiatric therapy visit. **Out-of-network** You pay 40% of the total cost for each Medicare-covered individual and group therapy visit. You pay 40% of the total cost for each Medicare-covered individual and group psychiatric therapy visit.
Podiatry Services	**In-network** You pay a $35 copay for each Medicare-covered podiatry visit (medically necessary foot care). **Out-of-network** You pay 40% of the total cost for each Medicare-	**In-network** You pay a $40 copay for each Medicare-covered podiatry visit (medically necessary foot care). **Out-of-network** You pay 40% of the total cost for each Medicare-

Cost	2018 (this year)	2019 (next year)
	covered podiatry visit (medically necessary foot care).	covered podiatry visit (medically necessary foot care).
Other Healthcare Professional	**In-network** You pay a $5 copay for Medicare-covered services received at your PCP's office. You pay a $35 copay for Medicare-covered services received at a specialist's office. **Out-of-network** You pay 40% of the total cost for Medicare-covered services.	**In-network** You pay a $5 copay for Medicare-covered services received at your PCP's office. You pay a $40 copay for Medicare-covered services received at a specialist's office. **Out-of-network** You pay 40% of the total cost for Medicare-covered services.
Diagnostic tests and therapeutic services and supplies **Therapeutic radiology**	**In-network** You pay 20% of the total cost for Medicare-covered therapeutic radiological services, including technician materials and supplies. **Out-of-network** You pay 20% of the total cost for Medicare-covered therapeutic radiological services, including technician materials and supplies.	**In-network** You pay 20% of the total cost for Medicare-covered therapeutic radiological services, including technician materials and supplies. **Out-of-network** You pay 40% of the total cost for Medicare-covered therapeutic radiological services, including technician materials and supplies.

Cost	2018 (this year)	2019 (next year)
Diagnostic tests and therapeutic services and supplies **Diagnostic X-rays**	**In-network** You pay a $50 copay for Medicare-covered x-ray services. **Out-of-network** You pay 40% of the total cost for Medicare-covered x-ray services.	**In-network** You pay a $35 copay for Medicare-covered x-ray services. **Out-of-network** You pay 40% of the total cost for Medicare-covered x-ray services.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers.	**In-network** You pay a $275 copay for each Medicare-covered visit to an outpatient hospital facility. You pay a $250 copay for each Medicare-covered visit to an ambulatory surgical center. **Out-of-network** You pay 40% of the total cost for each Medicare-covered visit to an outpatient hospital facility. You pay 40% of the total cost for each Medicare-covered visit to an ambulatory surgical center.	**In-network** You pay a $300 copay for each Medicare-covered visit to an outpatient hospital facility. You pay a $300 copay for each Medicare-covered Observation Services. You pay a $275 copay for each Medicare-covered visit to an ambulatory surgical center. **Out-of-network** You pay 40% of the total cost for each Medicare-covered visit to an outpatient hospital facility. You pay 40% of the total cost for each Medicare-covered Observation Services. You pay 40% of the total cost for each Medicare-

Cost	2018 (this year)	2019 (next year)
		covered visit to an ambulatory surgical center.
Outpatient Substance Abuse Services	**In-network** You pay a $35 copay for each Medicare-covered individual or group therapy visit. **Out-of-network** You pay 40% for each Medicare-covered individual or group therapy visit.	**In-network** You pay a $40 copay for each Medicare-covered individual or group therapy visit. **Out-of-network** You pay 40% for each Medicare-covered individual or group therapy visit.
Ambulance Services	**In-network** You pay a $250 copay for Medicare-covered ambulance services per one-way trip. **Out-of-network** You pay 40% of the total cost for Medicare-covered ambulance services per one-way trip.	**In-network** You pay a $295 copay for Medicare-covered air ambulance services per one-way trip. You pay a $295 copay for Medicare-covered ground ambulance services per one-way trip. **Out-of-network** You pay 40% of the total cost for Medicare-covered air ambulance services per one-way trip. You pay 40% of the total cost for Medicare-covered ground ambulance services per one-way trip.

Cost	2018 (this year)	2019 (next year)
Durable Medical Equipment (DME) and related supplies	**In-network** You pay 20% of the total cost for Medicare-covered durable medical equipment and related supplies. **Out-of-network** You pay 20% of the total cost for Medicare-covered durable medical equipment and related supplies.	**In-network** You pay 20% of the total cost for Medicare-covered durable medical equipment and related supplies. **Out-of-network** You pay 40% of the total cost for Medicare-covered durable medical equipment and related supplies.
Prosthetic Devices and Related Supplies	**In-network** You pay 20% of the total cost for Medicare-covered prosthetic devices and related supplies. You pay 20% of the total cost for Medicare-covered parenteral and enteral related supplies and nutrients. **Out-of-network** You pay 20% of the total cost for Medicare-covered prosthetic devices and related supplies. You pay 20% of the total cost for Medicare-covered parenteral and enteral related supplies and nutrients.	**In-network** You pay 20% of the total cost for Medicare-covered prosthetic devices and related supplies. You pay 20% of the total cost for Medicare-covered parenteral and enteral related supplies and nutrients. **Out-of-network** You pay 40% of the total cost for Medicare-covered prosthetic devices and related supplies. You pay 40% of the total cost for Medicare-covered parenteral and enteral related supplies and nutrients.

Cost	2018 (this year)	2019 (next year)
Diabetic Services and Supplies	**In-network** You pay 20% of the total cost for Medicare-covered diabetes supplies. You pay 20% of the total cost for diabetic therapeutic shoes or inserts. Diabetic supplies are not limited to a specific manufacturer. **Out-of-network** You pay 20% of the total cost for Medicare-covered diabetes supplies. You pay 20% of the total cost for diabetic therapeutic shoes or inserts. Diabetic supplies are not limited to a specific manufacturer.	**In-network** You pay a $0 copay for Medicare-covered diabetes supplies. You pay a $0 copay for diabetic therapeutic shoes or inserts. Diabetic supplies are limited to those made by Accu-Chek and OneTouch. Other brands are not covered unless medically necessary and pre-authorized. **Out-of-network** You pay 40% of the total cost for Medicare-covered diabetes supplies. You pay 40% of the total cost for diabetic therapeutic shoes or inserts. Diabetic supplies are limited to those made by Accu-Chek and OneTouch. Other brands are not covered unless medically necessary and pre-authorized.
Services to Treat Kidney Disease	**In-network** You pay 20% of the total cost for each Medicare-covered renal dialysis	**In-network** You pay 20% of the total cost for each Medicare-covered renal dialysis

Cost	2018 (this year)	2019 (next year)
	(kidney) services visit. You pay a $0 copay for Medicare-covered kidney disease education services, up to 6 sessions per lifetime. **Out-of-network** You pay 20% of the total cost for each Medicare-covered renal dialysis (kidney) services visit. You pay a $0 copay for Medicare-covered kidney disease education services, up to 6 sessions per lifetime.	(kidney) services visit. You pay a $0 copay for Medicare-covered kidney disease education services, up to 6 sessions per lifetime. **Out-of-network** You pay 40% of the total cost for each Medicare-covered renal dialysis (kidney) services visit. You pay 40% of the total cost for Medicare-covered kidney disease education services, up to 6 sessions per lifetime.
Abdominal Aortic Aneurysm Screening	**In-network** You pay a $0 copay for each Medicare-covered screening. **Out-of-network** You pay a $0 copay for each Medicare-covered screening.	**In-network** You pay a $0 copay for each Medicare-covered screening. **Out-of-network** You pay 40% of the total cost for each Medicare-covered screening.
Annual Wellness Visit	**In-network** You pay a $0 copay for the annual wellness visit. **Out-of-network** You pay a $0 copay for the annual wellness visit.	**In-network** You pay a $0 copay for the annual wellness visit. **Out-of-network** You pay 40% of the total cost for the annual wellness visit.

Cost	2018 (this year)	2019 (next year)
Bone Mass Measurement	**In-network** You pay a $0 copay for each Medicare-covered exam. **Out-of-network** You pay a $0 copay for each Medicare-covered exam.	**In-network** You pay a $0 copay for each Medicare-covered exam. **Out-of-network** You pay 40% of the total cost for each Medicare-covered exam.
Breast Cancer Screening (Mammograms)	**In-network** You pay a $0 copay for Medicare-covered breast cancer screenings. **Out-of-network** You pay a $0 copay for Medicare-covered breast cancer screenings.	**In-network** You pay a $0 copay for Medicare-covered breast cancer screenings. **Out-of-network** You pay 40% of the total cost for Medicare-covered breast cancer screenings.
Cardiovascular Disease Risk Reduction Visit (therapy for cardiovascular disease)	**In-network** You pay a $0 copay for each Medicare-covered visit. **Out-of-network** You pay a $0 copay for each Medicare-covered visit.	**In-network** You pay a $0 copay for each Medicare-covered visit. **Out-of-network** You pay 40% of the total cost for Medicare-covered visit.
Cardiovascular Disease Testing	**In-network** You pay a $0 copay for each Medicare-covered screening test.	**In-network** You pay a $0 copay for each Medicare-covered screening test.

Cost	2018 (this year)	2019 (next year)
	Out-of-network You pay a $0 copay for each Medicare-covered screening test.	**Out-of-network** You pay 40% of the total cost for each Medicare-covered screening test.
Cervical and Vaginal Cancer Screening	**In-network** You pay a $0 copay for Medicare-covered Pap tests and pelvic exams. **Out-of-network** You pay a $0 copay for Medicare-covered Pap tests and pelvic exams.	**In-network** You pay a $0 copay for Medicare-covered Pap tests and pelvic exams. **Out-of-network** You pay 40% of the total cost for Medicare-covered Pap tests and pelvic exams.
Colorectal Cancer Screening	**In-network** You pay a $0 copay for Medicare-covered screenings. **Out-of-network** You pay a $0 copay for Medicare-covered screenings.	**In-network** You pay a $0 copay for Medicare-covered screenings. **Out-of-network** You pay 40% of the total cost for Medicare-covered screenings.
Depression Screening	**In-network** You pay a $0 copay for Medicare-covered depression screenings. **Out-of-network** You pay a $0 copay for Medicare-covered depression screenings.	**In-network** You pay a $0 copay for Medicare-covered depression screenings. **Out-of-network** You pay 40% of the total cost for Medicare-covered depression screenings.

Cost	2018 (this year)	2019 (next year)
Diabetes Screening	**In-network** You pay a $0 copay for Medicare-covered diabetes screening. **Out-of-network** You pay a $0 copay for Medicare-covered diabetes screening.	**In-network** You pay a $0 copay for Medicare-covered diabetes screening. **Out-of-network** You pay 40% of the total cost for Medicare-covered diabetes screening.
HIV Screening	**In-network** You pay a $0 copay for HIV screening. **Out-of-network** You pay a $0 copay for HIV screening.	**In-network** You pay a $0 copay for HIV screening. **Out-of-network** You pay 40% of the total cost for HIV screening.
Immunizations	**In-network** You pay a $0 copay for Medicare-covered pneumonia, flu, or Hepatitis B vaccines. You pay 20% of the total cost for vaccines other than the Medicare-covered pneumonia, flu, or Hepatitis B vaccines. **Out-of-network** You pay a $0 copay for Medicare-covered pneumonia, flu, or Hepatitis B vaccines. You pay 20% of the total	**In-network** You pay a $0 copay for Medicare-covered pneumonia, flu, or Hepatitis B vaccines. You pay 20% of the total cost for vaccines other than the Medicare-covered pneumonia, flu, or Hepatitis B vaccines. **Out-of-network** You pay 40% of the total cost for Medicare-covered pneumonia, flu, or Hepatitis B vaccines. You pay 40% of the total

Cost	2018 (this year)	2019 (next year)
	cost for vaccines other than the Medicare-covered pneumonia, flu, or Hepatitis B vaccines.	cost for vaccines other than the Medicare-covered pneumonia, flu, or Hepatitis B vaccines.
Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)	**In-network** You pay a $0 copay for each Medicare-covered screening for lung cancer with LDCT. **Out-of-network** You pay a $0 copay for each Medicare-covered screening for lung cancer with LDCT.	**In-network** You pay a $0 copay for each Medicare-covered screening for lung cancer with LDCT. **Out-of-network** You pay 40% of total cost for each Medicare-covered screening for lung cancer with LDCT.
Medical Nutrition Therapy	**In-network** You pay a $0 copay for each Medicare-covered medical nutrition therapy visit. **Out-of-network** You pay a $0 copay for each Medicare-covered medical nutrition therapy visit.	**In-network** You pay a $0 copay for each Medicare-covered medical nutrition therapy visit. **Out-of-network** You pay 40% of the total cost for each Medicare-covered medical nutrition therapy visit.
Obesity Screening and Therapy to Promote Sustained Weight Loss	**In-network** You pay a $0 copay for Medicare-covered obesity screening and therapy. **Out-of-network** You pay a $0 copay for Medicare-covered obesity screening and therapy.	**In-network** You pay a $0 copay for Medicare-covered obesity screening and therapy. **Out-of-network** You pay 40% of the total cost for Medicare-covered obesity screening and therapy.

Cost	2018 (this year)	2019 (next year)
Prostate Cancer Screening Exams	**In-network** You pay a $0 copay for Medicare-covered prostate cancer screening. **Out-of-network** You pay a $0 copay for Medicare-covered prostate cancer screening.	**In-network** You pay a $0 copay for Medicare-covered prostate cancer screening. **Out-of-network** You pay 40% of the total cost for Medicare-covered prostate cancer screening.
Screening and Counseling to Reduce Alcohol Misuse	**In-network** You pay a $0 copay for Medicare-covered screening and counseling. **Out-of-network** You pay a $0 copay for Medicare-covered screening and counseling.	**In-network** You pay a $0 copay for Medicare-covered screening and counseling. **Out-of-network** You pay 40% of the total cost for Medicare-covered screening and counseling.
Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs	**In-network** You pay a $0 copay for Medicare-covered screening and counseling. **Out-of-network** You pay a $0 copay for Medicare-covered screening and counseling.	**In-network** You pay a $0 copay for Medicare-covered screening and counseling. **Out-of-network** You pay 40% of the total cost for Medicare-covered screening and counseling.
"Welcome to Medicare" preventive visit	**In-network** You pay a $0 copay for the "Welcome to Medicare" preventive visit.	**In-network** You pay a $0 copay for the "Welcome to Medicare" preventive visit.

Cost	2018 (this year)	2019 (next year)
	Out-of-network You pay a $0 copay for the "Welcome to Medicare" preventive visit.	**Out-of-network** You pay 40% of the total cost for the "Welcome to Medicare" preventive visit.
Annual Routine Physical Exam	**In-network** Annual routine physical exam is not covered.	**In-network** You pay a $0 copay for the annual routine physical exam.
	Out-of-network Annual routine physical exam is not covered.	**Out-of-network** You pay 40% of the total cost for the annual routine physical exam.
Health and Wellness Education Programs	**In-network** **Nurse Advice Line** You pay a $0 copay for the nurse advice line.	**In-network** **Nurse Advice Line** You pay a $0 copay for the nurse advice line.
	Out-of-network **Nurse Advice Line** You pay a $0 copay for the nurse advice line.	**Out-of-network** **Nurse Advice Line** You pay 40% of the total cost for the nurse advice line.
Medicare Part B Prescription Drugs	**In-network** You pay 20% of the total cost for Medicare-covered Part B drugs.	**In-network** You pay 20% of the total cost for Medicare-covered Part B drugs.
	You pay 20% of the total cost for Medicare-covered Part B chemotherapy drugs.	You pay 20% of the total cost for Medicare-covered Part B chemotherapy drugs.

Cost	2018 (this year)	2019 (next year)
	Out-of-network You pay 20% of the total cost for Medicare-covered Part B drugs. You pay 20% of the total cost for Medicare-covered Part B chemotherapy drugs.	**Out-of-network** You pay 40% of the total cost for Medicare-covered Part B drugs. You pay 40% of the total cost for Medicare-covered Part B chemotherapy drugs.
Dental Services	**In-network** You pay a $35 copay for each Medicare-covered dental visit. **Out-of-network** You pay 40% of the total cost for each Medicare-covered dental visit.	**In-network** You pay a $40 copay for each Medicare-covered dental visit. **Out-of-network** You pay 40% of the total cost for each Medicare-covered dental visit.
Vision Care	**In-network** You pay a $35 copay for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay a $35 copay for each diabetic eye exam (retinopathy). You have an in-network and out-of-network combined allowance of $100 for eyeglasses (frames and lenses) or contact lenses every calendar year.	**In-network** You pay a $40 copay for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay a $40 copay for each diabetic eye exam (retinopathy). You have an in-network and out-of-network combined allowance of $150 for eyeglasses (frames and lenses) or contact lenses every calendar year.

Cost	2018 (this year)	2019 (next year)
	Out-of-network You pay 40% of the total cost for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay 40% of the total cost for each diabetic eye exam (retinopathy). You have an in-network and out-of-network combined allowance of $100 for eyeglasses (frames and lenses) or contact lenses every calendar year.	**Out-of-network** You pay 40% of the total cost for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay 40% of the total cost for each diabetic eye exam (retinopathy). You have an in-network and out-of-network combined allowance of $150 for eyeglasses (frames and lenses) or contact lenses every calendar year.
Hearing Services	**In-network** You pay a $35 copay for each Medicare-covered hearing test/exam. **Out-of-network** You pay 40% of the total cost for each Medicare-covered hearing test/exam.	**In-network** You pay a $40 copay for each Medicare-covered hearing test/exam. **Out-of-network** You pay 40% of the total cost for each Medicare-covered hearing test/exam.
Hearing Aids	**In-network** You pay a $0 copay per hearing aid. The benefit maximum is one hearing aid every year for either the left or right ear. You have an in-network and out-of-network combined maximum allowance of $1,500, limited	**In-network** You pay a $0-$995 copay per hearing aid. Copay amount depends on technology level of hearing aid you purchase. Limited to one (1) hearing aid per left or right ear per year, maximum benefit

Cost	2018 (this year)	2019 (next year)
	to one hearing aid every year. **Out-of-network** You pay 40% of the total cost per hearing aid. The benefit maximum is one hearing aid every year for either the right or left ear. You have an in-network and out-of-network combined maximum allowance of $1,500, limited to one hearing aid every year. Please refer to your 2018 Evidence of Coverage for plan benefit details.	two (2) hearing aids. **Out-of-network** You pay 40% of the total cost per hearing aid. Limited to one (1) hearing aid per left or right ear per year, maximum benefit two (2) hearing aids. Please refer to your 2019 Evidence of Coverage for plan benefit details.
Hospice Care	**In-network** You pay a $35 copay for the one-time only hospice consultation. **Out-of-network** You pay 40% of the total cost for the one-time only hospice consultation.	**In-network** You pay a $40 copay for the one-time only hospice consultation. **Out-of-network** You pay 40% of the total cost for the one-time only hospice consultation.
Virtual Visit	Virtual visits are not covered.	**In-network** You pay a $0 copay per visit with a Teladoc provider. Virtual visits through Teladoc are available 24/7, 365 days a year and can be accessed by phone, smart phone app, or online. **Out-of-network** Virtual visits are covered

Cost	2018 (this year)	2019 (next year)
		through Teladoc.
Smoking and Tobacco Use Cessation (counseling to stop smoking or tobacco use)	**In-network** You pay a $0 copay for each Medicare-covered smoking cessation counseling sessions. Additional smoking cessation counseling sessions are not covered. **Out-of-network** You pay a $0 copay for each Medicare-covered smoking cessation counseling sessions. Additional smoking cessation counseling sessions are not covered.	**In-network** You pay a $0 copay for each Medicare-covered smoking cessation counseling sessions. Up to 5 additional smoking cessation counseling sessions are covered through Teladoc. **Out-of-network** You pay 40% of the total cost for each Medicare-covered smoking cessation counseling sessions. Up to 5 additional smoking cessation counseling sessions are covered through Teladoc.
Medicare Part B Drugs	For 2018 the plan does not ask you to try other, similarly therapeutic medications first (step-therapy) for Medicare Part B Medications.	For 2019, the plan may ask you to try other, similarly therapeutic medications first (step-therapy) for Medicare Part B Medications.
Medicare Diabetes Prevention Program (MDPP)	**In-network** You pay a $0 copay for Medicare-covered diabetes prevention program services. **Out-of-network** You pay a $0 copay for Medicare-covered diabetes prevention program services	**In-network** You pay a $0 copay for Medicare-covered diabetes prevention program services **Out-of-network** You pay 40% of the total cost for Medicare-covered diabetes prevention

Cost	2018 (this year)	2019 (next year)
		program services.

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List 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.
    - To learn what you must do to ask for an exception, see Chapter 9 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 other 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. For 2019, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: 31 days of medication rather than the amount provided in 2018 (98 days of medication). (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.

Current formulary exceptions will be covered next year unless otherwise indicated on your decision letter.

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.

Starting in 2019, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes), you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2019, before we make other changes during the year to our Drug List that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a 30 day, rather than a 60-day, refill of your brand name drug at a network pharmacy.

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.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by September 30, 2018, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 7.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2018 (this year)	2019 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2018 (this year)	2019 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost-sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply at a network pharmacy: **Drug Tier 1 – Preferred generic drugs:** *Standard cost-sharing:* You pay a $5 copay per prescription. *Preferred cost-sharing:* You pay a $0 copay per prescription. **Drug Tier 2 – Generic drugs:** *Standard cost-sharing:* You pay a $10 copay per prescription. *Preferred cost-sharing:* You pay a $5 copay per prescription.	Your cost for a one-month supply at a network pharmacy: **Drug Tier 1 – Preferred generic drugs:** *Standard cost-sharing:* You pay a $5 copay per prescription. *Preferred cost-sharing:* You pay a $0 copay per prescription. **Drug Tier 2 – Generic drugs:** *Standard cost-sharing:* You pay a $10 copay per prescription. *Preferred cost-sharing:* You pay a $5 copay per prescription.

Stage	2018 (this year)	2019 (next year)
	Drug Tier 3 – Preferred brand drugs: *Standard cost-sharing:* You pay a $47 copay per prescription. *Preferred cost-sharing:* You pay a $37 copay per prescription.	**Drug Tier 3 – Preferred brand drugs:** *Standard cost-sharing:* You pay a $47 copay per prescription. *Preferred cost-sharing:* You pay a $37 copay per prescription.
	Drug Tier 4 – Non-preferred brand drugs: *Standard cost-sharing:* You pay a $100 copay per prescription. *Preferred cost-sharing:* You pay a $90 copay per prescription.	**Drug Tier 4 – Non-preferred drugs:** *Standard cost-sharing:* You pay a $100 copay per prescription. *Preferred cost-sharing:* You pay a $90 copay per prescription.
	Drug Tier 5 – Specialty Tier: *Standard cost-sharing:* You pay 33% of the total cost. *Preferred cost-sharing:* You pay 33% of the total cost.	**Drug Tier 5 – Specialty Tier:** *Standard cost-sharing:* You pay 33% of the total cost. *Preferred cost-sharing:* You pay 33% of the total cost.
	Drug Tier 6 – Select Care drugs: *Standard cost-sharing:* You pay a $0 copay per prescription. *Preferred cost-sharing:* You pay a $0 copay per prescription.	**Drug Tier 6 – Select Care drugs:** *Standard cost-sharing:* You pay a $0 copay per prescription. *Preferred cost-sharing:* You pay a $0 copay per prescription.
	_____	_____

Stage	2018 (this year)	2019 (next year)
	Once your total drug costs have reached $3,750, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $3,820, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Process	2018 (this year)	2019 (next year)
Maximum Out-of-Pocket (MOOP)	In-network MOOP applies to these in-network services: - All in-network Medicare-covered benefits - Worldwide Emergency and Urgent Care - Routine Podiatry services - Routine Eye Exams - Routine Hearing Exams	In-network MOOP applies to these in-network services: - All in-network Medicare-covered benefits - Unlimited additional days of Inpatient Hospital Care - Worldwide Emergency and Urgent Care - Routine Podiatry services - First Three Pints of Blood

Process	2018 (this year)	2019 (next year)
		- Annual Physical Exam Combined (in-network and out-of-network) MOOP applies to: - All in-network and out-of-network Medicare-covered benefits - Unlimited additional days of Inpatient Hospital Care, in-network and out-of-network - Worldwide Emergency and Urgent Care - Routine Podiatry services, in-network and out-of-network - First Three Pints of Blood, in-network and out-of-network - Annual Physical Exam, in-network and out-of-network
	Combined (in-network and out-of-network) MOOP applies to: - All in-network and out-of-network Medicare-covered benefits - Worldwide Emergency and Urgent Care - Routine Podiatry services, in-network and out-of-network - Routine Eye Exams, in-network and out-of-network - Routine Hearing Exams, in-network and out-of-network	
Prescription drug tier name	Tier 4: Non-Preferred Brand	Tier 4: Non-Preferred Drug
Service Area	Our service area includes: Allen, Elkhart, St. Joseph	Our service area includes: Allen, Elkhart, St. Joseph, Wells, Whitley

Process	2018 (this year)	2019 (next year)
Preferred Diabetes Test Supplies Blood glucose meters, blood glucose test strips and glucose-control solutions for checking the accuracy of test trips and monitors	In 2018, you can obtain blood glucose meters, test strips, and solutions from any manufacturer.	In 2019, Accu-Chek and OneTouch supplies can be obtained through an in-network pharmacy. For all other brands you must request an exception.
Mail Order Automatic Refill Program	N/A	In 2019, you have the option to sign up for automated prescription refills from our mail order pharmacies. The mail order pharmacy will contact you prior to shipping each refill.
Over-the-Counter (OTC) Benefit	In 2018, you do not have an item limit on a specific product per benefit period.	In 2019, you can order up to 15 of the same item per quarter. There is still no limit on the number of total items in your order.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Allwell Medicare (PPO)

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 stay enrolled as a member of our plan for 2019.

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 2019 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 2019*, 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 https://www.medicare.gov and click "Find health & drug plans." **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 Allwell Medicare (PPO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Allwell Medicare (PPO).
- 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 7.1 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.

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, 2019.

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. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage.*

Note: If you're in a drug management program, you may not be able to change plans.

If you enrolled in a Medicare Advantage Plan for January 1, 2019, 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, 2019. For more information, see Chapter 10, 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 Indiana, the SHIP is called State Health Insurance Assistance Program (SHIP).

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. State Health Insurance Assistance Program (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 State Health Insurance Assistance Program (SHIP) at 1-800-452-4800. TDD users should call 1-866-846-0139. You can learn more about State Health Insurance Assistance Program (SHIP) by visiting their website (http://www.in.gov/idoi/2495.htm).

SECTION 6 Programs That Help Pay for Prescription Drugs

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.** Indiana has a program called HoosierRx that helps people pay for prescription drugs based on their financial need, age, or medical condition. 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).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Medical Services Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-866-588-4948. TTY dial 711.

SECTION 7 Questions?

Section 7.1 – Getting Help from Allwell Medicare (PPO)

Questions? We're here to help. Please call Member Services at 1-855-766-1541. (TTY only, call 711.) We are available for phone calls from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. from April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. Calls to these numbers are free.

Read your 2019 *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 2019. For details, look in the 2019 *Evidence of Coverage* for Allwell Medicare (PPO). 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.

Visit our Website

You can also visit our website at allwell.mhsindiana.com. As a reminder, our website has the most up-to-date information about our provider network (Provider & Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

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 (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 https://www.medicare.gov and click on "Find health & drug plans.")

Read *Medicare & You 2019*

You can read *Medicare & You 2019* 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 (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.