## *Premera Blue Cross Medicare Advantage Charter + Rx (HMO) offered by Premera Blue Cross*

# Annual Notice of Changes for 2019

You are currently enrolled as a member of Soundpath Health Charter + Rx (HMO). 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.**

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### 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 2.5 and 2.6 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 2.6 for information about changes to our drug coverage.
- Your 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 2.3 for information about our Provider and 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 4.2 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** Premera Blue Cross Medicare Advantage Charter + Rx (HMO), you don't need to do anything. You will stay in Premera Blue Cross Medicare Advantage Charter + Rx (HMO).
- 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 be enrolled in Premera Blue Cross Medicare Advantage Charter + Rx (HMO).
- If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

## Additional Resources

- Please contact our Customer Service number at 888-850-8526 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30.
- This information is available in a different format, including audio CDs.
- **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 Premera Blue Cross Medicare Advantage Charter + Rx (HMO)

- Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

- When this booklet says "we," "us," or "our," it means Premera Blue Cross. When it says "plan" or "our plan," it means Premera Blue Cross Medicare Advantage Charter + Rx (HMO).

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## Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Premera Blue Cross Medicare Advantage Charter + Rx (HMO) 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*** <br>* Your premium may be higher or lower than this amount. See Section 2.1 for details. | $146 | $146 |
| **Maximum out-of-pocket amount** <br>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.) | $4,900 | $4,900 |
| **Doctor office visits** | Primary care visits: $10 per visit. <br>Specialist visits: $35 per visit. | Primary care visits: $10 per visit. <br>Specialist visits: $35 per visit. |
| **Inpatient hospital stays** <br>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. | $450 copay per day for days 1 through 4 <br>$0 copay per day for days 5 through 90. <br>You pay nothing for additional hospital days. | $450 copay per day for days 1 through 4 <br>$0 copay per day for days 5 through 90. <br>You pay nothing for additional hospital days. |

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 2.6 for details.) | Deductible: $160 (Does not apply to Tier 1 and Tier 2 drugs)<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1 (Preferred Generic): $2<br>• Drug Tier 2 (Generic): $12<br>• Drug Tier 3 (Preferred Brand): $47<br>• Drug Tier 4 (Non-Preferred Drug): 50%<br>• Drug Tier 5 (Specialty Drugs): 30% | Deductible: $160 (Does not apply to Tier 1 and Tier 2 drugs)<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1 (Preferred Generic): $2<br>• Drug Tier 2 (Generic): $12<br>• Drug Tier 3 (Preferred Brand): $47<br>• Drug Tier 4 (Non-Preferred Drug): 50%<br>• Drug Tier 5 (Specialty Drugs): 30% |

# *Annual Notice of Changes* for 2019
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## SECTION 1 We Are Changing the Plan's Name

On January 1, 2019, our plan name will change from Soundpath Health Charter + Rx (HMO) to Premera Blue Cross Medicare Advantage Charter + Rx (HMO).

**If you do nothing to change your Medicare coverage by December 7, 2018, we will automatically enroll you in our Premera Blue Cross Medicare Advantage Charter + Rx (HMO).** This means starting January 1, 2019, you will be getting your medical and prescription drug coverage through Premera Blue Cross Medicare Advantage Charter + Rx (HMO). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change, you can do so between January 1 and March 31. You can also change plans between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Soundpath Health Charter + Rx (HMO) and the benefits you will have on January 1, 2019 as a member of Premera Blue Cross Medicare Advantage Charter + Rx (HMO).

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| **Monthly plan premium**<br><br>(You must also continue to pay your Medicare Part B premium.) | $146 | $146 |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment 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 2.2 – Changes to Your Maximum Out-of-Pocket Amount

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

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br><br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $4,900 | $4,900<br><br>Once you have paid $4,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

## Section 2.3 – Changes to the Provider Network

Our network has changed more than usual for 2019. An updated Provider and Pharmacy Directory is located on our website at **premera.com/ma**. You may also call Customer Service for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **We strongly suggest that you review our current to see if your providers (primary care provider, specialists, hospitals, etc.) are still 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 2.4 – 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.

There are changes to our network of pharmacies for next year. An updated Provider and Pharmacy Directory is located on our website at **premera.com/ma**. You may also call Customer Service for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2019 Provider and Pharmacy Directory to see which pharmacies are in our network.**

## Section 2.5 – 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) |
|---|---|---|
| **Medicare Part B Prescription Drugs** | Step therapy is not required. | Step therapy may be required. |
| **Supervised Exercise Therapy (SET)** | Supervised Exercise Therapy (SET) is not covered. | You pay a $15 copay per visit for supervised exercise therapy for peripheral artery disease (PAD). |

## Section 2.6 – 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 Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service 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 (91 to 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.

If you had an approved formulary exception during the previous year, a new request may need to be submitted for the current year. To see if you need a new formulary exception request, you may call Customer Service.

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, before we make changes during the year to our Drug List that require us to provide you with advance notice when you are taking a drug, we will provide you with notice of those changes 30, rather than 60, days before they take place. Or we will give you a 31-day,

rather than a 60-day, refill of your brand name drug at a network pharmacy. We will provide this notice before, for instance, replacing a brand name drug on the Drug List with a generic drug or making changes based on FDA boxed warnings or new clinical guidelines recognized by Medicare.

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 have included 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 didn't receive this insert with this packet, please call Customer Service and ask for the "LIS Rider." Phone numbers for Customer Service are in Section 8.1 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**<br><br>During this stage, **you pay the full cost** of your Tier 3 through Tier 5 drugs until you have reached the yearly deductible. | The deductible is $160.<br><br>During this stage, you pay $2 cost-sharing for drugs on Tier 1 and $12 cost-sharing for drugs on Tier 2 and the full cost of drugs on Tier 3 through Tier 5 until you have | The deductible is $160.<br><br>During this stage, you pay $2 cost-sharing for drugs on Tier 1 and $12 cost-sharing for drugs on Tier 2 and the full cost of drugs on Tier 3 through Tier 5 until you have |

| Stage | 2018 (this year) | 2019 (next year) |
|---|---|---|
| | reached the yearly deductible. | reached the yearly deductible. |

## 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**<br><br>Once you pay the yearly deductible, you move to the 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.**<br><br>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage.* | Your cost for a one-month supply at a network pharmacy with standard cost-sharing:<br><br>**Tier 1 Preferred Generic:**<br>You pay $2 per prescription.<br><br>**Tier 2 Generic:**<br>You pay $12 per prescription.<br><br>**Tier 3 Preferred Brand:**<br>You pay $47 per prescription.<br><br>**Tier 4 Non-Preferred Drug:**<br>You pay 50% of the total cost.<br><br>**Tier 5 Specialty Drugs:**<br>You pay 30% of the total cost.<br><br>_____<br><br>Once your total drug costs have reached $3,750, you | Your cost for a one-month supply at a network pharmacy with standard cost-sharing:<br><br>**Tier 1 Preferred Generic:**<br>You pay $2 per prescription.<br><br>**Tier 2 Generic:**<br>You pay $12 per prescription.<br><br>**Tier 3 Preferred Brand:**<br>You pay $47 per prescription.<br><br>**Tier 4 Non-Preferred Drug:**<br>You pay 50% of the total cost.<br><br>**Tier 5 Specialty Drugs:**<br>You pay 30% of the total cost.<br><br>_____<br><br>Once your total drug costs have reached $3,820, you |

| Stage | 2018 (this year) | 2019 (next year) |
|---|---|---|
| | will move to the next stage (the Coverage Gap Stage). | 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 3 Administrative Changes

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| **Administrative Change** | Your plan is administered by Soundpath Health. | Your plan is administered by Premera Blue Cross. |
| **Chiropractic Services** | Chiropractic services must be approved by American Specialty Health Network (ASHN) and performed by a state-licensed chiropractor in the ASHN network. Members may self-refer to chiropractors in the ASHN network only. | Chiropractic services are covered from any provider in Premera's Medicare Advantage network. |
| **Coverage Limits on Opioid Prescriptions** | Members considered "opioid naive" may fill prescriptions for greater than a seven (7) day supply of opioid medications subject to any other formulary, prior authorization, step therapy or quality limit requirements. | Members considered "opioid naive" will see initial prescriptions for greater than a seven (7) day supply of opioid medications reject at the pharmacy and will require a coverage determination request for coverage under the Part D |

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| | | prescription benefit.<br><br>An "opioid naive" member is a member who has not filled a prescription for an opioid medication during the previous ninety (90) days.<br><br>Opioid prescriptions remain subject to all formulary, prior authorization, step therapy and quantity limit requirements. Formulary documents can be found at **premera.com/ma**. |
| **Discount Card Program for Part D Excluded Drugs** | Members may experience a lower out of pocket price for Part D excluded medications under this program. | Discount Card Program will not be offered in 2019. Members will be responsible for cost of Part D excluded medications at the pharmacy. |
| **Health And Wellness Education Programs (Fitness)** | Silver&Fit Basic Fitness Membership is covered only when provided by American Specialty Health (ASH). | Silver&Fit Multi Facility Fitness Membership is covered only when provided by American Specialty Health (ASH). |
| **Mail Order Pharmacy Changes** | Mail Order services are offered by Optum Rx and Walgreens #3397. Usually a mail order prescription will get to you within 14 days.<br><br>**New mail order prescriptions.**<br>After the pharmacy receives a prescription from a health care | Mail Order services are offered by CVS Caremark Mail Order Pharmacy. Usually a mail order prescription will get to you within 10 days.<br><br>If you use Mail Order services in 2018, you will be notified about the change. Members who have valid prescription |

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| | provider, it will contact you to see if you want the medication filled immediately or at a later time. This will give you an opportunity to make sure that the pharmacy is delivering the correct drug (including strength, amount, and form) and, if needed, allow you to stop or delay the order before you are billed and it is shipped. It is important that you respond each time you are contacted by the pharmacy, to let them know what to do with the new prescription and to prevent any delays in shipping.<br><br>**Refills on mail order prescriptions.**<br>Contact the mail order pharmacy 14 days before the drugs you have on hand will run out to make sure your next order is shipped to you in time. | refills available through OptumRx Mail Order Pharmacy will automatically have those refills transferred to CVS Caremark Mail Order Pharmacy.<br><br>**New mail order prescriptions.**<br>If you have used CVS Caremark mail order services before, or if you opt in now, our pharmacy will automatically fill and ship new prescriptions received directly from your doctors or other prescribers. You may opt out of automatic deliveries of new prescriptions at any time by contacting Customer Service. If you never had mail order delivery and/or decide to stop automatic fills of new prescriptions, we will contact you each time we get a new prescription from a provider, to see if you want the medication filled and shipped at that time. This will give you an opportunity to make sure that the correct drug (including strength, amount, and form) will be delivered, and, if necessary, allow you to cancel or delay the order before you are billed and it is shipped. |

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| | | **Refills on mail order prescriptions.**<br>For refills of mail order prescriptions, you have the option to sign up for an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. We will contact you prior to shipping each refill to make sure you are in need of more medication. You can cancel scheduled refills if you have enough of your medication or if your medication has changed.<br><br>If you choose not to use the auto refill program, please contact us 15 days before the drugs you have on hand will run out to make sure your next order is shipped to you in time. To opt out of the automatic refill program, please contact Customer Service. |
| **Member ID Cards** | Your ID card was provided by Soundpath Health. | Your ID card is provided by Premera Blue Cross. |
| **Pharmacy Benefit Manager (PBM) Changes** | The Pharmacy Benefit Manager (PBM) is OptumRx. | The Pharmacy Benefit Manager (PBM) will change to CVS Caremark Part D Services. |

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| | | Contact phone and fax numbers for Part D prior authorization requests, appeal and grievance requests will change. Please see Chapter 2 of the Evidence of Coverage (EOC) for this information (these are available on our website at **premera.com/ma**).<br><br>Contact phone and fax numbers for requests for prescription reimbursement will change. Please see Chapter 7 of the Evidence of Coverage (EOC) for this information (these are available on our website at **premera.com/ma**).<br><br>You will receive a new ID card for 2019. Included on the ID cards will be information pharmacies need to fill 2019 prescriptions under the Premera Blue Cross Medicare Advantage plan. You will need to bring this new ID card to the pharmacy the first time you fill prescriptions in 2019. |
| **Plan Premium Due Date**<br>* Includes Part D late enrollment penalty | Payments are due upon receipt and are considered late on the 25th of each month. | Payments are due the 1st of each month, and considered late after the 1st of each month. |

| Cost | 2018 (this year) | 2019 (next year) |
|---|---|---|
| **Plan Premium**<br>**EFT/ACH Draw Date** | The plan premium will be taken out of your account on the 3rd business day of each month. | The plan premium will be taken out of your account on the 1st business day of each month. |
| **Plan Premium Payment**<br>* Includes Part D late enrollment penalty | If we have not received your premium payment by the 25th of the month, your account will be considered delinquent. | If we have not received your premium payment by the 1st of the month, we will send you a notice telling you that your plan membership will end if we do not receive your premium within two months. |
| **Prior Authorization** | Soundpath Health Prior Authorization guidelines apply. | Premera Blue Cross Prior Authorization guidelines apply. There may be some changes to prior authorization requirements, please see your EOC for details. |
| **Routine Dental Services** | Routine Preventive Dental benefits are covered only when provided by a Dominion National network provider. | Routine Preventive Dental benefits are covered from any provider in Premera's Medicare Advantage Dental Select network. |
| **Service Area** | Service area includes these counties: Chelan, Douglas, Grant, King, Pierce, Snohomish, Thurston, Whatcom. | Service area includes these counties: King, Pierce, Snohomish, Thurston, Whatcom. |
| **Vision** | Vision benefits (exam and hardware) are covered only when provided by plan designated Vision Service Provider (VSP). | Vision benefits (exam and hardware) are covered from any provider in Premera's Medicare Advantage network. |

# SECTION 4 Deciding Which Plan to Choose

## Section 4.1 – If you want to stay in Premera Blue Cross Medicare Advantage Charter + Rx (HMO)

**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 4.2 – 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 6), or call Medicare (see Section 8.2).

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.**

As a reminder, Premera Blue Cross offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Premera Blue Cross Medicare Advantage Charter + Rx (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Premera Blue Cross Medicare Advantage Charter + Rx (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 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 5 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 6 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 Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

SHIBA 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. SHIBA 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 SHIBA at 800-562-6900 (TTY 360-586-0241). You can learn more about SHIBA by visiting their website (www.insurance.wa.gov/shiba).

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"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).

- **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. Washington State's ADAP is known as the Early Intervention Program (EIP). The EIP provides services to help eligible persons with HIV get the medications and assistance with insurance premium payments they need to improve and maintain their health. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call EIP at 877-376-9316.

# SECTION 8 Questions?

## Section 8.1 – Getting Help from Premera Blue Cross Medicare Advantage Charter + Rx (HMO)

Questions? We're here to help. Please call Customer Service at 888-850-8526. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30. 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 Premera Blue Cross Medicare Advantage Charter + Rx (HMO). 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 **premera.com/ma**. As a reminder, our website has the most up-to-date information about our provider network (Provider and Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

## Section 8.2 – 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 the *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.

PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

## Discrimination is Against the Law

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

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - 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
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator — Complaints and Appeals
Premera Blue Cross Medicare Advantage Plans - Complaints & Appeals
PO Box 262527, Plano, TX 75026
Phone: 888-850-8526, fax: 800-889-1076, TTY: 711
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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, or by mail or phone at:
U.S. Department of Health and Human Services,
200 Independence Ave SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019,
800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

## Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 888-850-8526 (TTY: 711).

**አማሪኛ** (Amharic):
ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት።በስልክ ቁጥር 888-850-8526 (TTY: 711) ይደውሉ።

**العربية** (Arabic):
**يحوي هذا الإشعار معلومات هامة.** قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ888-850-8526 (TTY: 711)

**中文** (Chinese):
**本通知有重要的訊息。**本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 888-850-8526 (TTY: 711)。

Premera Blue Cross is an HMO plan with a with a Medicare contract. Enrollment in Premera Blue Cross depends on renewal.

Oromoo (Cushite):
**Beeksisni kun odeeffannoo barbaachisaa qaba.** Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 888-850-8526 (TTY: 711) tii bilbilaa.

Deutsche (German):
**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 888-850-8526 (TTY: 711).

日本語 (Japanese): **この通知には重要な情報が含まれています。**この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。888-850-8526 (TTY: 711)までお電話ください。

한국어 (Korean):
**본 통지서에는 중요한 정보가 들어 있습니다.** 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 888-850-8526 (TTY: 711) 로 전화하십시오.

**ភាសាខ្មែរ** (Khmer)**:**
**សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។**
សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ
ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន
កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព
ដល់កំណត់ថ្ងៃជាក់ច្បាស់នានា
ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។
អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ
និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 888-850-8526 (TTY: 711)។

ລາວ (Lao)**:**
**ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ**. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 888-850-8526 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀ ਜਸਹਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ਼ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫ਼ਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 888-850-8526 (TTY: 711).

Р**усский** (Russian):

**Настоящее уведомление содержит важную информацию.** Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 888-850-8526 (TTY: 711).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 888-850-8526 (TTY: 711).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 888-850-8526 (TTY: 711).

**Український** (Ukrainian):

**Це повідомлення містить важливу інформацію.** Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 888-850-8526 (TTY: 711).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 888-850-8526 (TTY: 711).